
The Problem: Substance Abuse Prevalence & Trends

PREVALENCE



Adolescent
Substance
Use and Beliefs

Adult
Substance
Use

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Washington's "Healthy Youth Survey"

In Washington State, there have been efforts to conduct surveys of youth health behavior since 1988. The surveys have been based on two different national surveys: Monitoring the Future supported by the National Institute on Drug Abuse; and the federal Centers for Disease Control and Prevention's Youth Risk Behavior Survey. In 1995, a Communities That Care survey, developed by the University of Washington, became an important component of the survey effort, integrating risk and protective factors. More recently, a Youth Tobacco Survey was incorporated.

To better coordinate these survey efforts, and to prevent the need for survey data from becoming an undue burden on schools, interested state agencies - Office of Superintendent of Public Instruction; Department of Social and Health Services' Division of Alcohol and Substance Abuse; Department of Health's Tobacco Control Program and Maternal and Child Health Program; Department of Community, Trade & Economic Development, Community Mobilization; and the Family Policy Council - resolved to cooperate on the administration of a single survey of youth behaviors every two years.

The goals of this collaborative effort are:

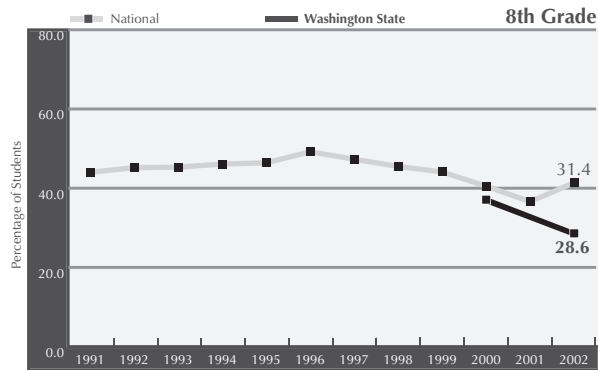
- To describe youth health behavior, habits, risks, and outcomes; and
- To describe school, community, family, and peer-individual risk and protective factors.

To achieve these goals, it was agreed that the survey must:

- Gather state-level data in a consistent manner (with predictable timing and using comparable measures over time); and
- Support local-level data collection and use for planning, assessment, and evaluation.

The data presented on the following pages are from the Washington State Survey of Adolescent Behaviors, which, beginning in 2002, represents the result of these collaborative efforts.

The Percentage of Students, Both in Washington and Nationally, Who Have Ever Smoked a Cigarette is Declining.*



Tobacco use is the leading cause of preventable illness and death in the United States.¹ A 1996 federal Centers for Disease Control and Prevention study suggests that 33% of young smokers will eventually die as a result of tobacco use, if current use patterns continue.²

These graphs indicate that experimentation with tobacco is on the decline, both in Washington State and nationally. *Healthy People 2010* sets a target objective to increase the average age of adolescents' first use of tobacco products from 12 to 14.

¹ U.S. Surgeon General, *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2000.

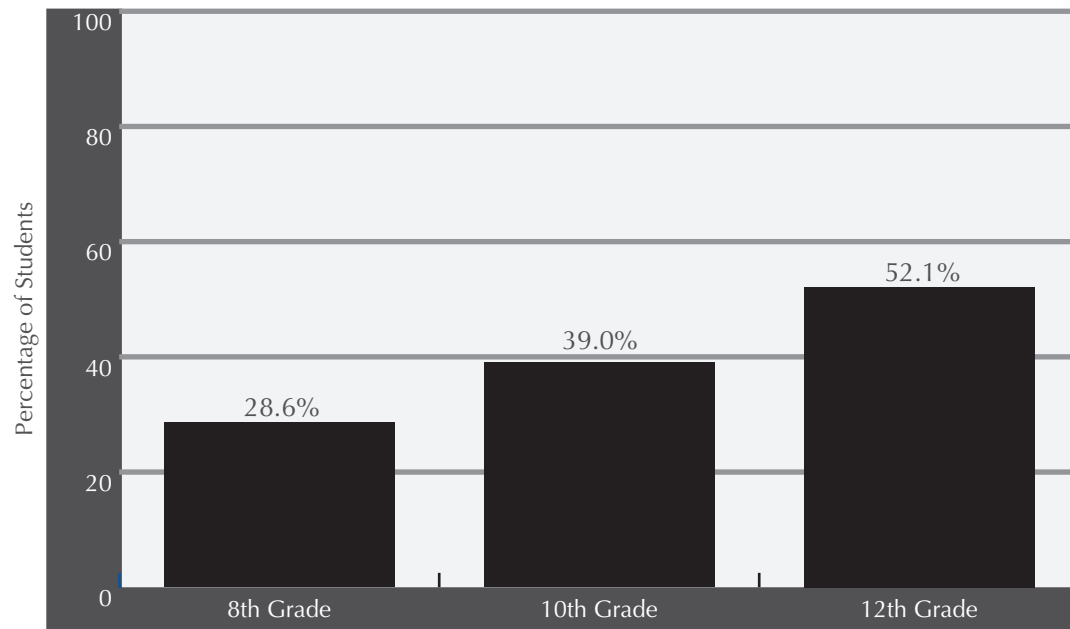
² Centers for Disease Control and Prevention. "Projected Smoking-Related Deaths Among Youth – United States," *Morbidity and Mortality Weekly Report* 45:971-974, 1999.

*The Washington State Survey of Adolescent Health Behaviors (WSSAHB) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between WSSAHB and MTF thus should not be made, except for the purpose of viewing trends.

Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.



By 12th Grade, More Than Half of Washington Adolescents Have Tried Smoking.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2002*.

The percentage of Washington State students who have experimented with smoking is declining. Experimentation and use of smokeless tobacco among students is also on the decline.¹

Healthy People 2010 notes that data from community research studies and other evidence indicates that increasing excise taxes on cigarettes, when combined with smoking campaigns, is one of the most cost-effective short-term strategies to prevent tobacco initiation among youth.² A recent study found that 70% of U.S. youths ages 14-17 report they can purchase cigarettes within five blocks of their home.³ However, a study of middle school youth in Texas indicated that these youth obtained cigarettes by purchasing them only 7% of the time. Some 57% obtained them from someone else; 36% stole them or obtained them in some other way.⁴

¹ Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2002*.

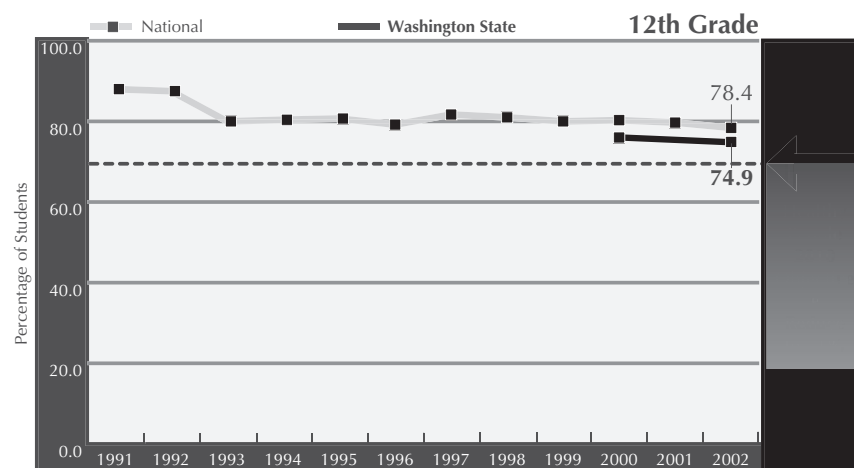
² U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 27-6. Washington, DC: 2000.

³ Institute for Adolescent Risk Communication, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.

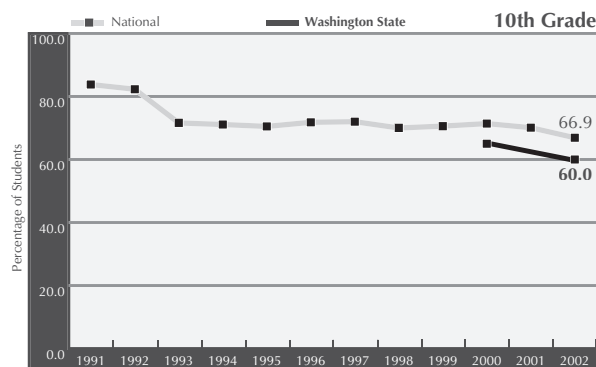
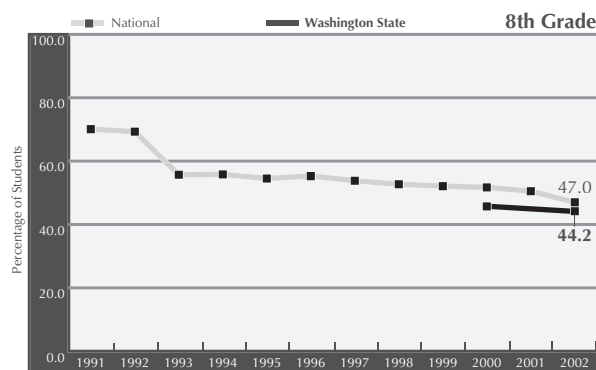
⁴ Centers for Disease Control and Prevention, "Usual Sources of Cigarettes for Middle and High School Students – Texas, 1998-1999," *Morbidity and Mortality Weekly Report* 51(4):900-901, 2002.

The Percentage of Students, Both in Washington and Nationally, Who Have Tried Alcohol is Declining.*

In 1999, underage drinkers (ages 12-20) consumed 19.7% of alcohol consumed in the United States, accounting for \$22.5 billion in total alcohol sales. Roughly half of youth in this age group drink, a proportion similar to that of adults age 21 and older.¹ **Healthy People 2010** sets a target objective of increasing the percentage of high school seniors who have never tried alcohol to 29%.



Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

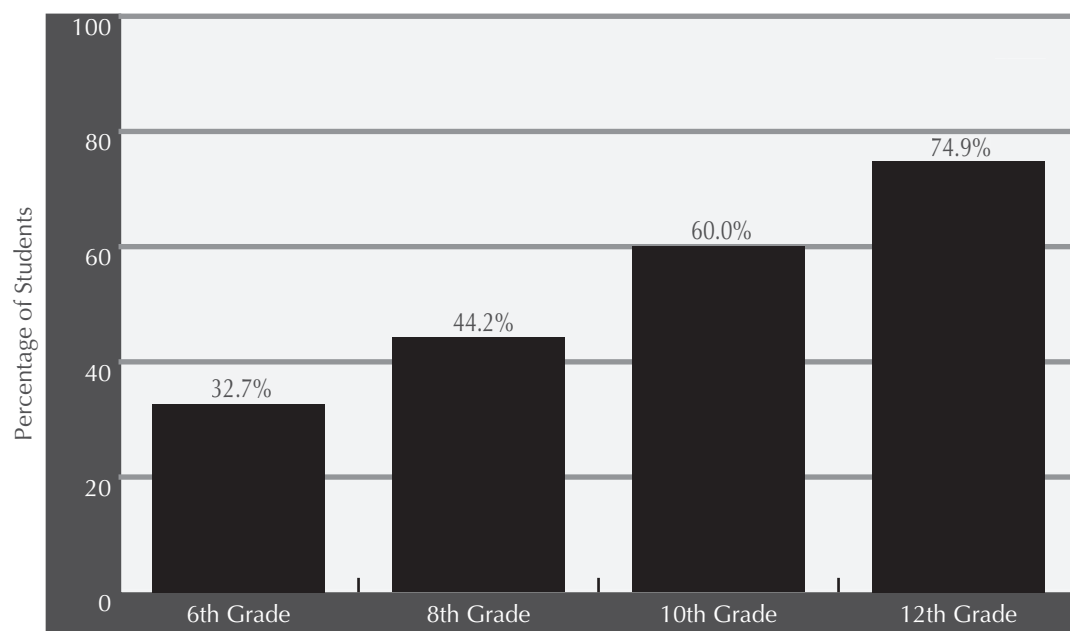


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¹ Foster, S., et al., "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* Vol. 289 No. 8, February 26, 2003.



Almost a Third of Washington 6th Graders Have Tried Alcohol.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

Teenage drinking can physically damage the brain; interfere with mental and social development; interrupt academic progress; increase chances of risky sexual behavior and teen pregnancy, juvenile delinquency, and crime; compromise health; and result in unintentional injury and death.¹

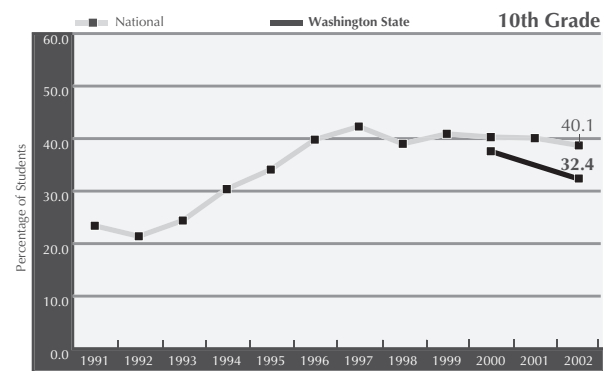
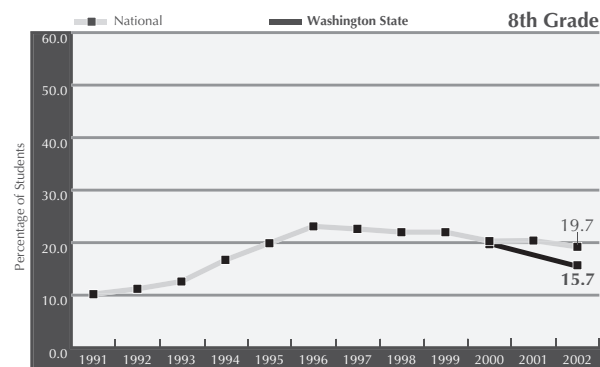
Almost half of Washington students have tried alcohol before they reach high school.

¹ Foster, S., et al., "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* Vol. 289 No. 8, February 26, 2003.

The Percentage of Students in Washington State Who Have Tried Marijuana is Declining.*

Besides being associated with a variety of health risks, marijuana use can contribute to risky behaviors and adverse physical and social consequences. Marijuana use among students in Washington State appears to be on the decline.

A national study indicates that 36% of youth ages 14-17 report they can purchase illegal drugs within five blocks of their home.¹ **Healthy People 2010** sets a target objective of increasing the percentage of high school seniors who have never used illicit drugs to 56%.



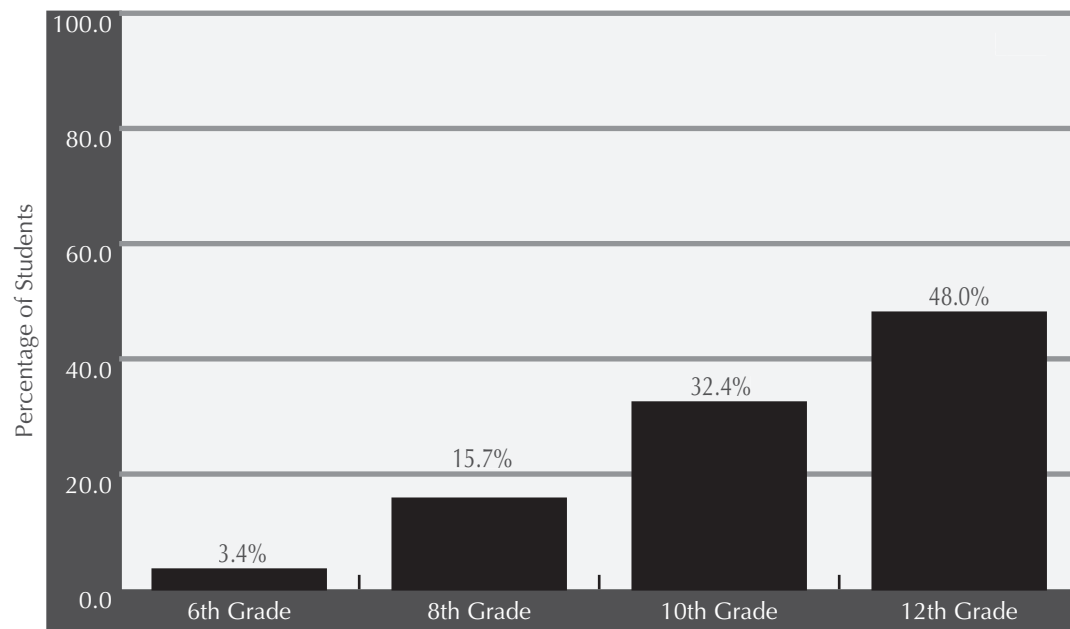
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

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¹ Institute for Adolescent Risk Communication, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.



By 12th Grade, About Half of Washington Students Have Tried Marijuana.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

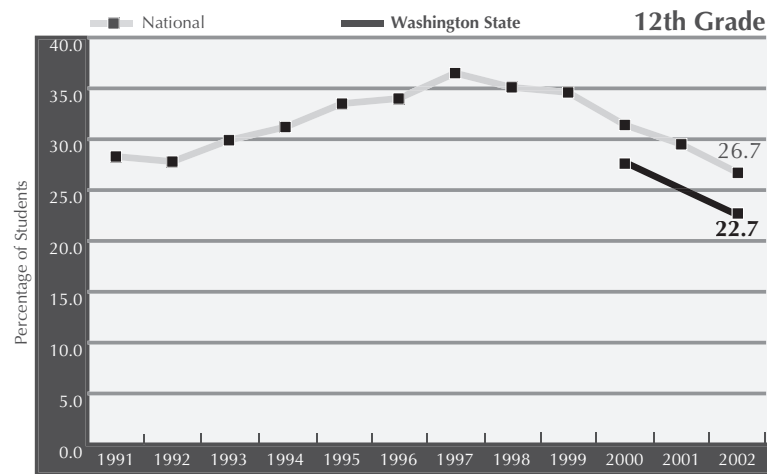
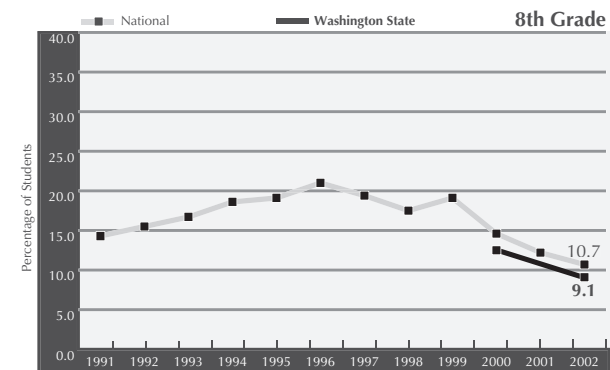
About one-fifth of Washington students begin use of marijuana while they are in middle school. A study conducted by the National Center on Addiction and Substance Abuse at Columbia University (CASA) found that substance abuse and addiction nationally added \$41 billion, or 10%, to the cost of elementary and secondary education in 2001 due to class disruption and violence, special education and tutoring, teacher turnover, children being left behind, student assistance programs, property damage, injury, and counseling.

CASA also estimates that 60% of high school students and 30% of middle school students attend schools where illegal drugs are kept, sold, and used. Among 10th graders surveyed, 87% said it was easy to get tobacco, 88% to obtain alcohol, and 78% to get marijuana.¹

¹ *Malignant Neglect: Substance Abuse and America's Schools*. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, 2001.

In 2002, Washington State 8th, 10th, and 12th Graders were Less Likely to Have Smoked a Cigarette in the Past 30 Days than Their National Counterparts.*

Recent smoking by adolescents appears to be on the decline, both in Washington State and nationwide. Studies indicate that youth and young adults smokers are more price-responsive than other smokers, and that a 10% increase in price could reduce the number of teenagers who smoke by 7%.¹ *Healthy People 2010* sets a target objective to reduce cigarette smoking by students in grades 9-12 to 16%.



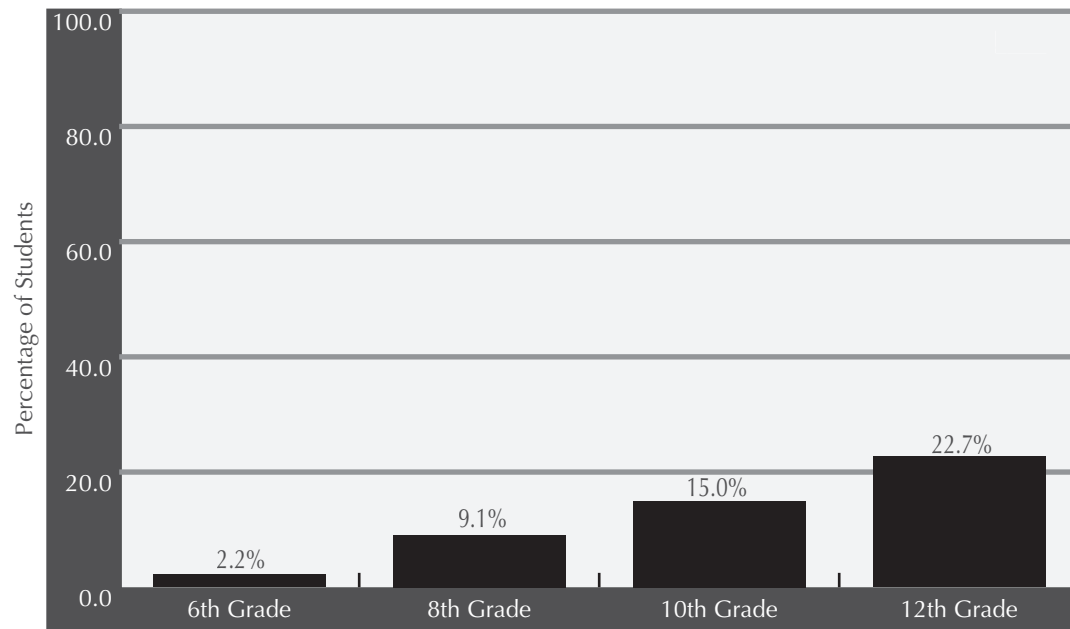
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

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¹ Schneider Institute for Health Policy, Brandeis University, *Substance Abuse—The Nation's Number One Health Problem: Key Indicators for Policy-Update February 2001*. Princeton, NJ: The Robert Wood Johnson Foundation, 2001.



Almost a Quarter of Washington High School Seniors Report Having Smoked a Cigarette in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

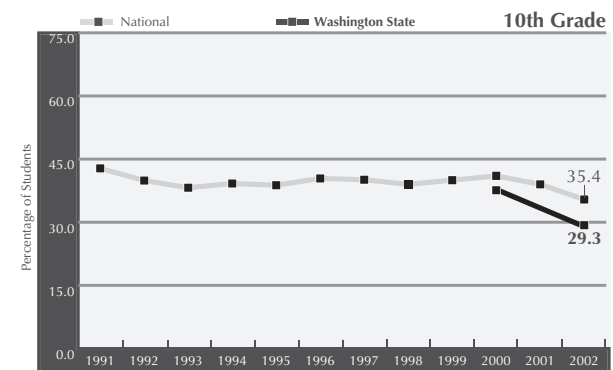
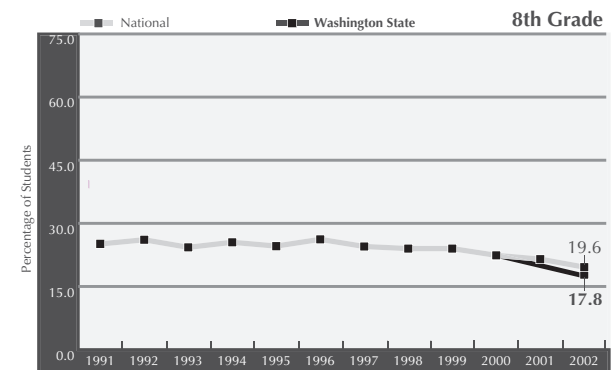
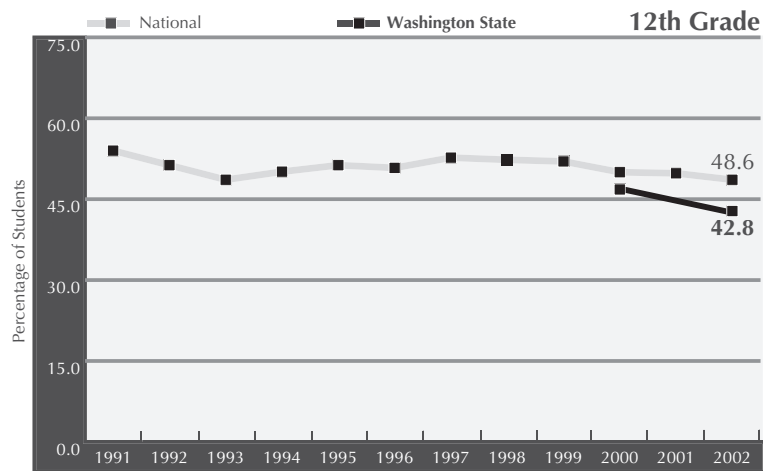
Among young people, short-term health consequences of smoking include respiratory and non-respiratory effects, nicotine addiction, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who begin to smoke regularly in their youth continue to smoke as adults.¹ Nationally, almost 44% of high school seniors who smoke report that they would like to stop smoking. Almost 30% of high school seniors who smoke report that they have tried to quit but have failed to do so.²

¹ U.S. Surgeon General, *Tobacco Use Among Young People – A Report of the Surgeon General*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1994.

² U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 27-23. Washington, DC: 2000.

Use of Alcohol in the Past 30 Days by Washington State 8th, 10th, and 12th Graders is Declining.*

Recent alcohol use among youth appears to be dropping nationwide. Research indicates that initiation of alcohol use at a young age increases the risk that teenagers will become adult heavier drinkers with alcohol-related problems later in life.¹



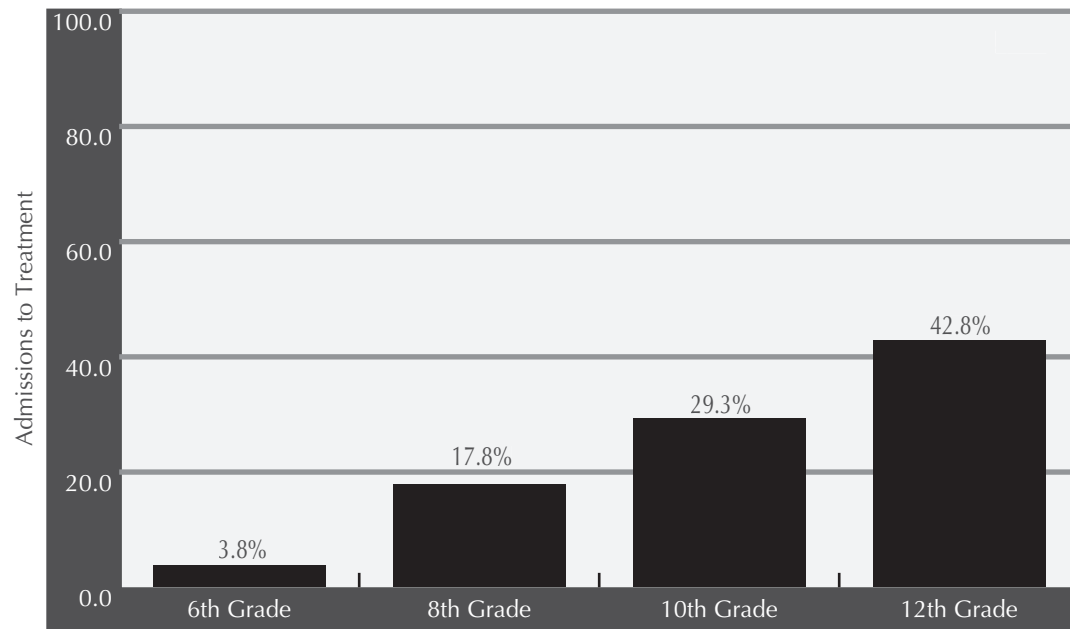
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

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¹ Dewit, D., et al., "Age at First Alcohol Use: A Risk Factor for the Development of Alcohol Disorders," *American Journal of Psychiatry* 157: 745-750, 2000; Grant, B. and Dawson, D., "Age at Onset of Alcohol Use and Its Association with DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey," *Journal of Substance Abuse* 9:103-110, 1997.



Almost One Out of Five Washington 8th Graders Report Having Used Alcohol in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

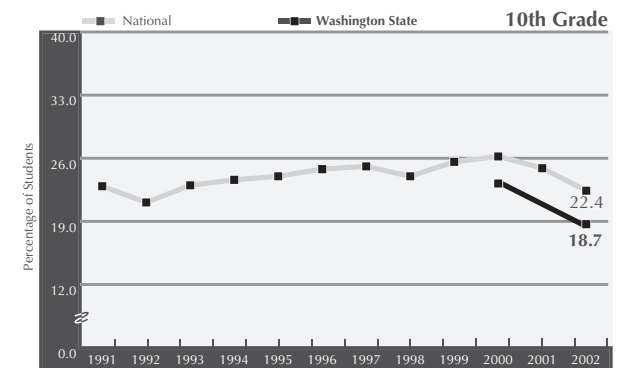
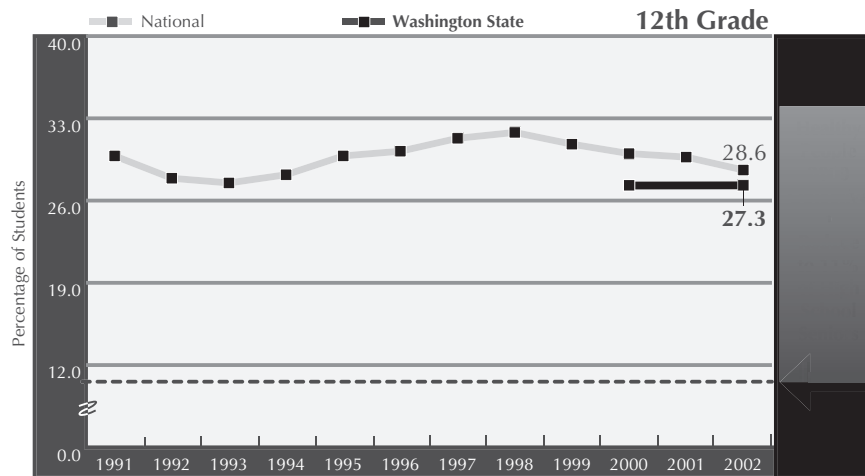
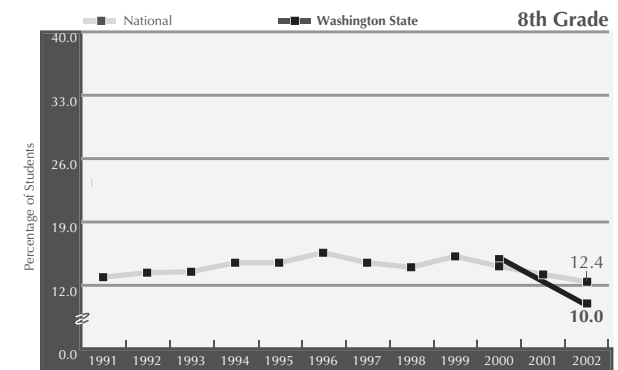
A recent study indicates that youth ages 12-20 are responsible for 19.7% of all alcohol consumed in the United States.¹ Despite the fact that it is illegal, more than 40% of Washington high school seniors report using alcohol in the past 30 days. Teenage drinking is associated with a full range of academic, social, and medical consequences, including juvenile delinquency and crime, risky sexual behavior and teen pregnancy, poor academic progress and school dropout rates, and unintentional injuries and death.²

¹ Foster, S., et al., "Alcohol Consumption and Expenditures for Underage Drinking and Adult Excessive Drinking," *Journal of the American Medical Association* 288 (8), February 26, 2003.

² *Ibid.*

Recent Binge Drinking by Washington State 8th, 10th, and 12th Graders is Declining.*

These graphs indicate that in 2002, the percentage of Washington State students engaging in recent binge drinking declined. Recent binge drinking is defined as having five or more drinks in a row on at least one occasion in the past two weeks.



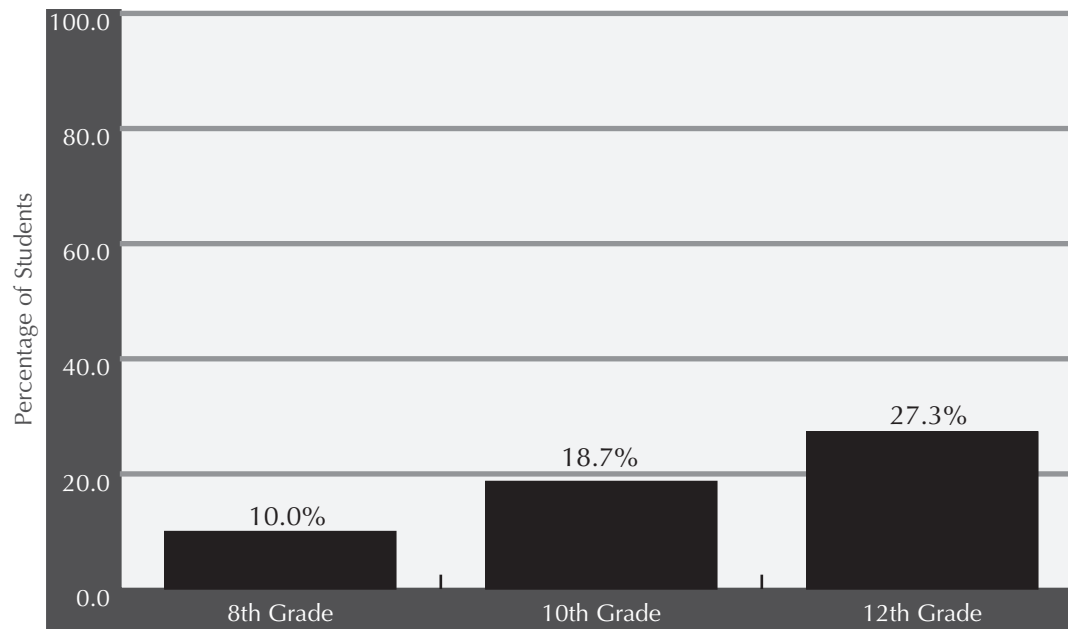
Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

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¹ Institute for Adolescent Risk Communication, *Access to Risky Products and Perceptions of Risky Behavior and Popularity*. Philadelphia, PA: University of Pennsylvania, Annenberg Public Policy Center, 2002.



More Than a Quarter of Washington Seniors Have Engaged in Recent Binge Drinking.



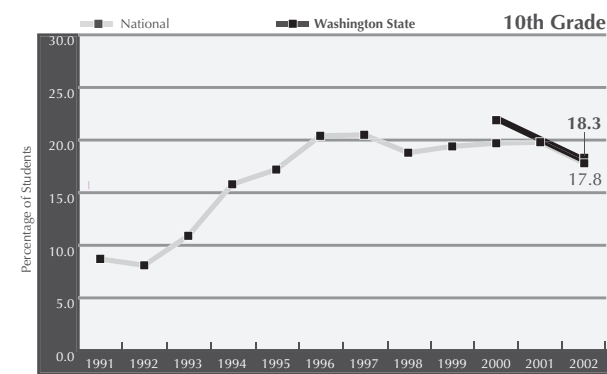
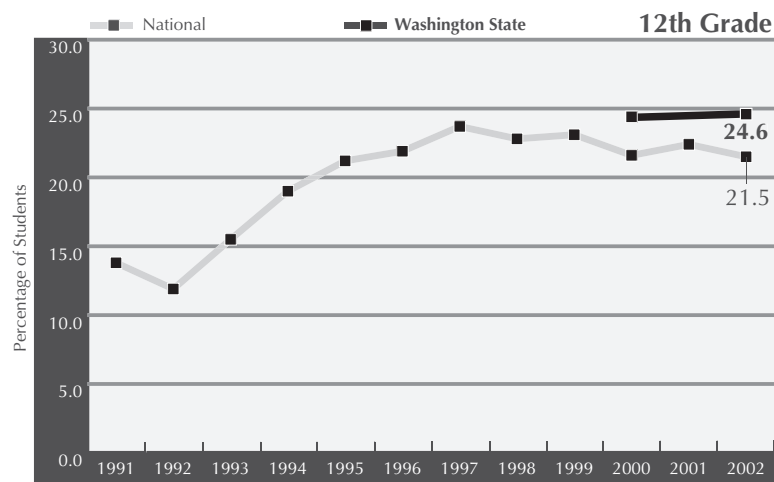
Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2002*.

Recent binge drinking is defined as consuming five or more drinks in a row on at least one occasion in the past two weeks. A 2000 survey of Washington students indicates that binge drinking may start as early as the 6th grade, or earlier.¹ Heavy drinking among youth has been linked to motor vehicle crashes and deaths, physical fights, property destruction, poor school and employment performance, and involvement with law enforcement and the legal system. **Healthy People 2010** sets a target objective to reduce binge drinking among adolescents ages 12-17 in the past month to 3%.

¹ Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2000*. Olympia, WA: 2001.

After Rising Throughout the 1990s, Marijuana Use in the Past 30 Days Among 8th, 10th, and 12th Graders is Beginning to Decline.*

Both nationally and in Washington State, after almost a decade of increases, marijuana use among 8th, 10th, and 12th graders appears to have peaked, and may be beginning to decline.

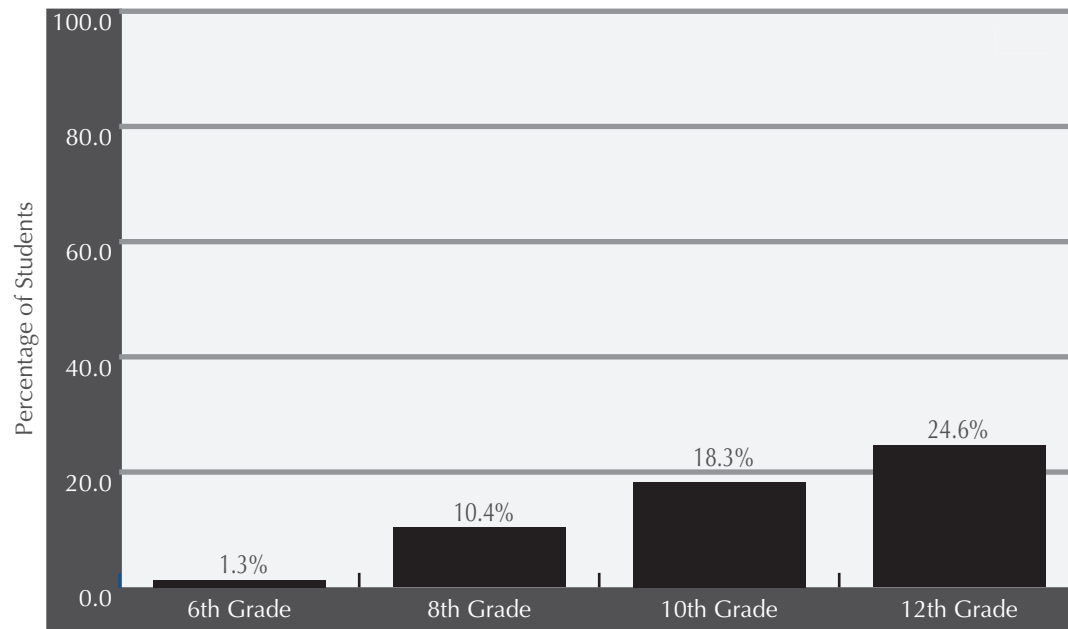


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

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About One Quarter of Washington Seniors Report Having Used Marijuana in the Past 30 Days.

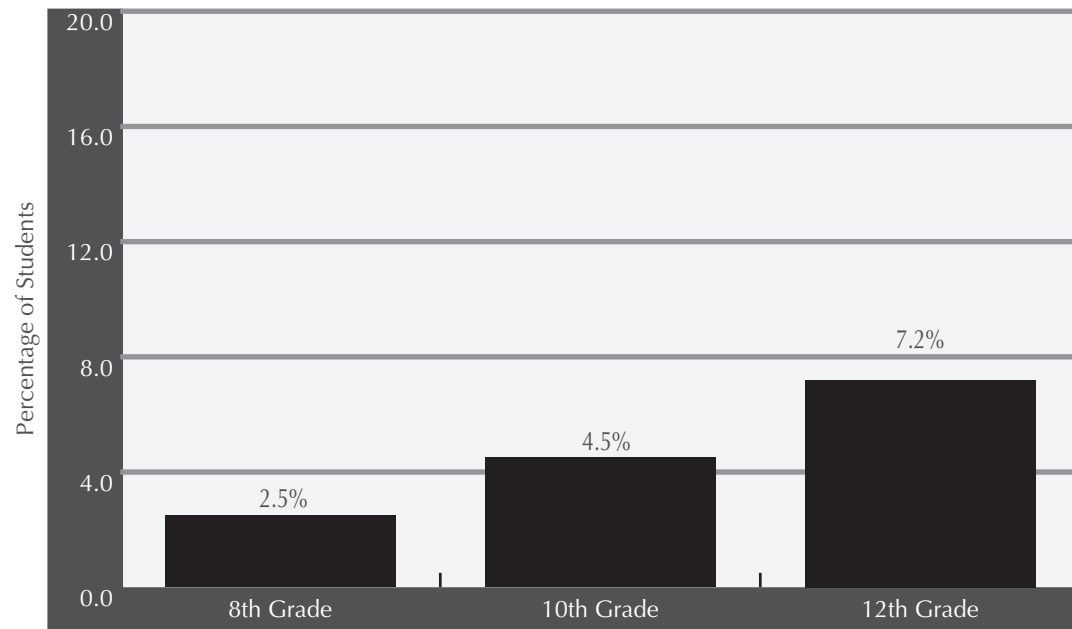


Source: Office of the Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2002*.

Marijuana use among adolescents follows a predictable pattern, with the highest incidence of use occurring among high school seniors. **Healthy People 2010** recommends a multicomponent approach to youth substance abuse prevention to increase the effectiveness of efforts. Such an approach would include focusing on mobilizing and leveraging resources, raising public awareness, and countering pro-use messages.¹

¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-28. Washington, DC: 2000.

In 2002, More than 7% of Washington State High School Seniors Reported Having Used Methamphetamine.



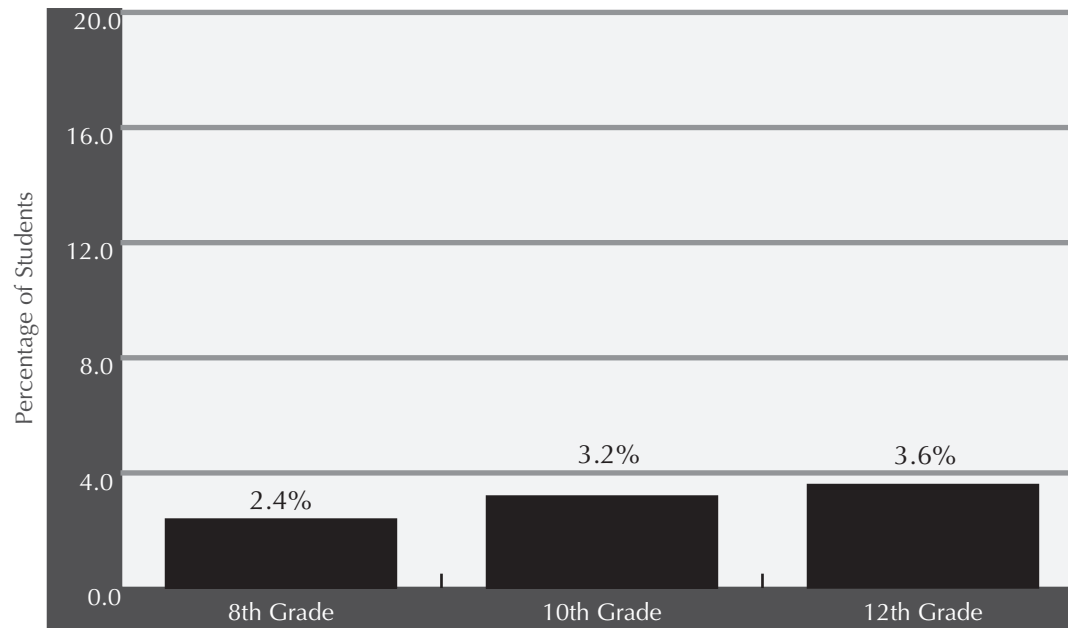
Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2002*.

Researchers funded by the National Institute on Drug Abuse have found a range of negative cognitive effects from use of methamphetamine, often associated with brain cell damage. Some of this damage is long-term, and users may not fully recover after they become abstinent.¹ Recent data from the *Washington State Survey of Adolescent Health Behaviors–2002* suggest that lifetime methamphetamine use among Washington State teenagers may have peaked.

¹ National Institute on Drug Abuse, "Brain Imaging Studies Show Long-Term Damage from Methamphetamine Abuse," *NIDA Notes* 15 (3), August 2000; National Institute on Drug Abuse, "Methamphetamine Abuse Linked to Impaired Cognitive and Motor Skills Despite Recovery of Dopamine Transporters," *NIDA Notes* 17(1), April 2002.



In 2002, 3.6% of Washington State High School Seniors Reported Having Used MDMA/Ecstasy in the Past 30 Days.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

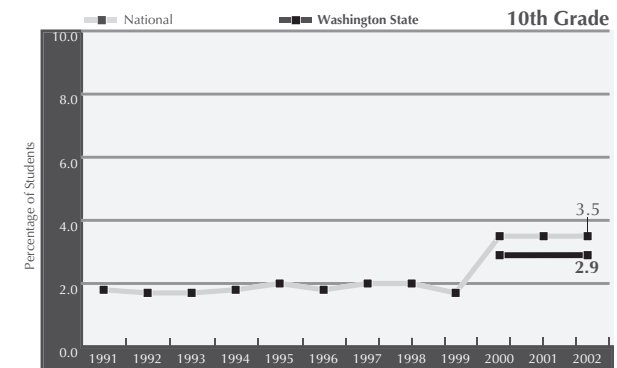
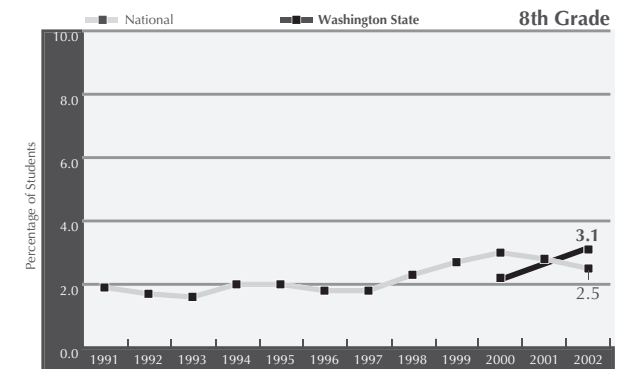
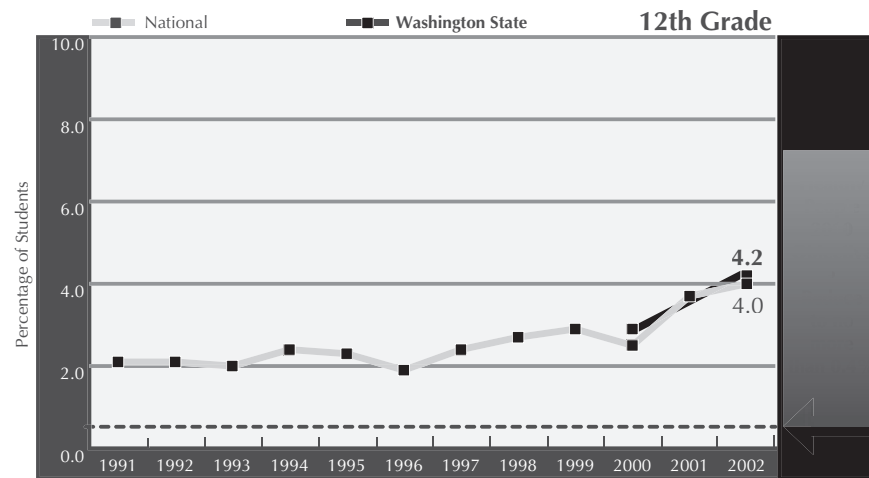
MDMA/Ecstasy, one of a variety of substances often called “club” or “party” drugs because of where they are ingested, has been shown to produce long-lasting damage to the neurons that release serotonin, and may be associated with depression, sleep disorders, anxiety, and memory impairment.¹ Nationally, the *Monitoring the Future* 2002 survey indicates that more than 10% of high school seniors have experimented with MDMA/Ecstasy at least once.²

¹ National Institute on Drug Abuse, *NIDA Community Drug Alert Bulletin – Club Drugs*, December 1999.

² Johnston, L., O'Malley, P., and Bachman, J., *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings, 2002*. Bethesda, MD: National Institute on Drug Abuse, 2003.

In 2002, More than 4% of Washington State Male High School Seniors Reported Having Used Steroids at Least Once.*

Behavioral and health problems associated with steroid use include suicides, homicides, liver damage, and heart attacks.¹ Lifetime use of steroids in Washington State appears to be increasing among high school students, and age of first use is declining. While substantially more males than females use steroids, use among female high school students may be increasing as well.



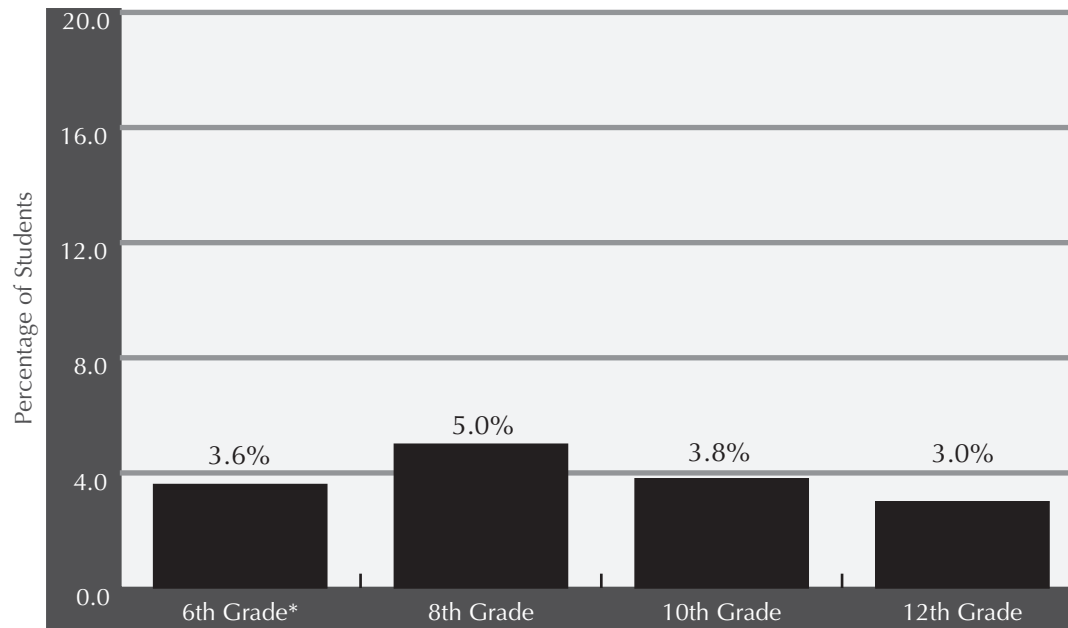
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¹ U.S. Department of Health and Human Services, *Healthy People 2010* (Conference Edition), 26-36. Washington, DC, 2000.



Use of Inhalants in the Past 30 Days Among Washington State Students Peaks in the 8th Grade.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

Inhalants are substances whose vapors can be inhaled to produce a mind-altering effect. They include volatile solvents (paint thinners, degreasers, and glues); aerosols (hair sprays and vegetable oil sprays); ether, nitrous oxide, and propane; and nitrites. A single, prolonged session of inhalant use can produce rapid and irregular heart rhythms, heart failure, and death. Chronic exposure can cause widespread and long-lasting damage to the nervous system and other vital organs.¹

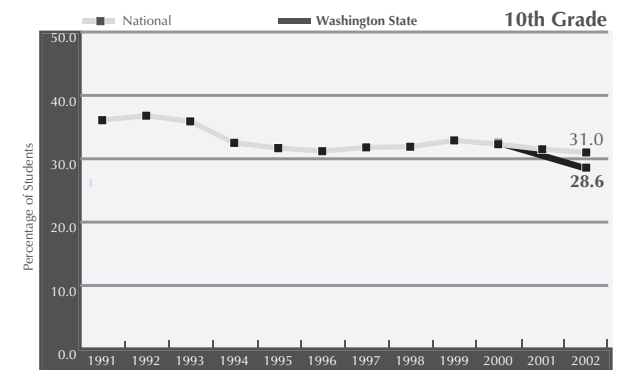
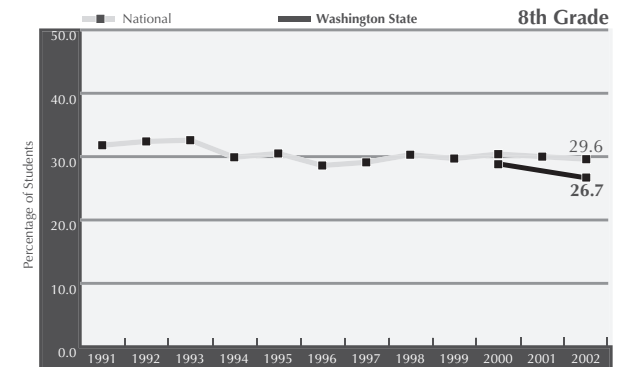
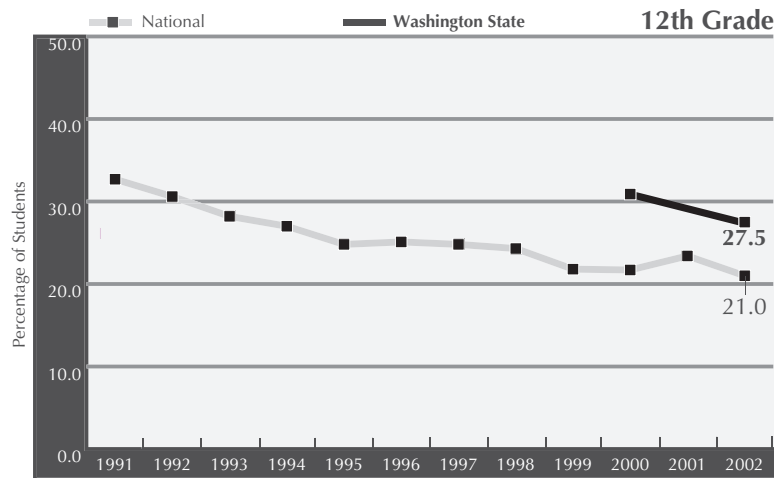
In 2002, Washington State 8th graders reported the highest use of inhalants in the previous 30 days. Thereafter, unlike the pattern for other drug and alcohol use, inhalant use declines.

*6th grade percentage is for lifetime use; other grades are for past 30-day use.

¹ National Institute on Drug Abuse, "Facts About Inhalant Abuse," *NIDA Notes* 15 (6), January 2001.

Only About a Quarter of Washington State 8th, 10th, and 12th Graders Perceive Great Risk from Drinking 1-2 Alcoholic Drinks Nearly Every Day.*

This graph indicates that almost three-quarters of Washington State 8th, 10th, and 12th grade students do not perceive great risk in near-daily alcohol consumption. National data indicate that student perception of risk regarding both regular use of alcohol use and heavy drinking is declining, perhaps suggesting that alcohol use is becoming more acceptable among students.

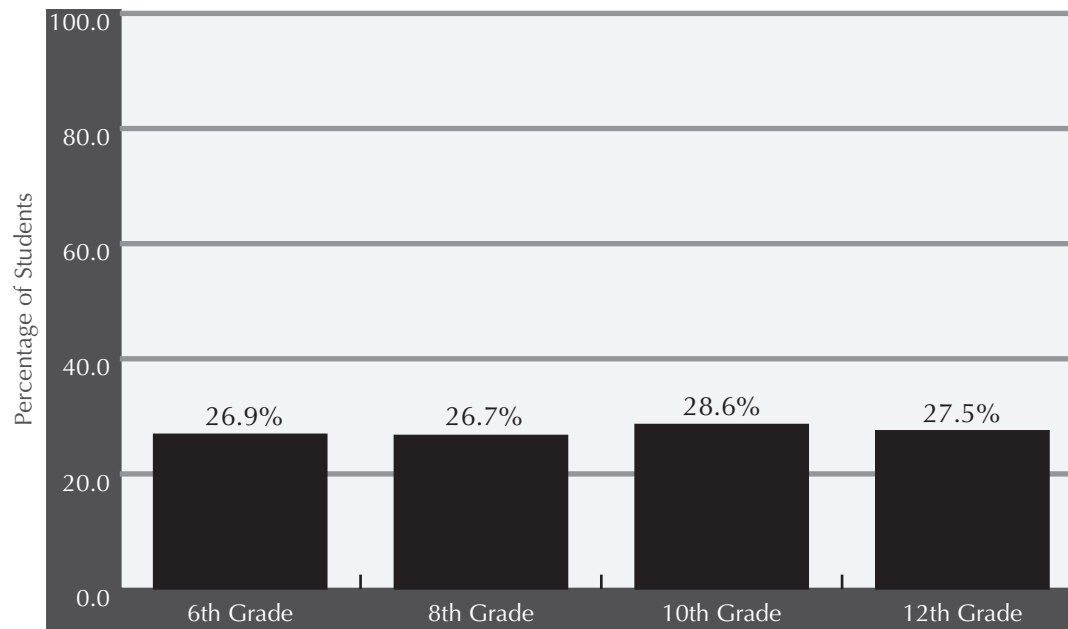


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

*The Washington State Survey of Adolescent Health Behaviors (WSSAHB) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between WSSAHB and MTF thus should not be made, except for the purpose of viewing trends.



The Percentage of Washington State Students in 6th, 8th, 10th, and 12th Grade Who Perceive Great Risk from Drinking 1-2 Alcohol Drinks Nearly Every Day Appears to Be Declining.



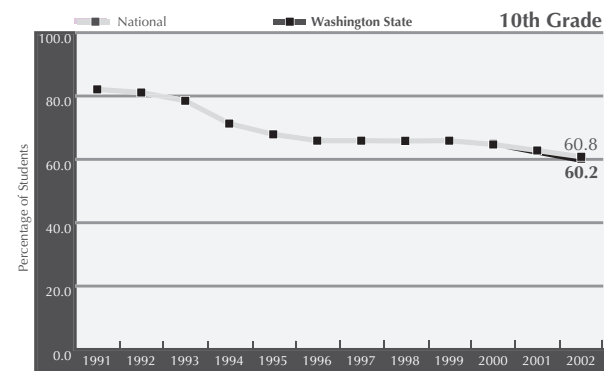
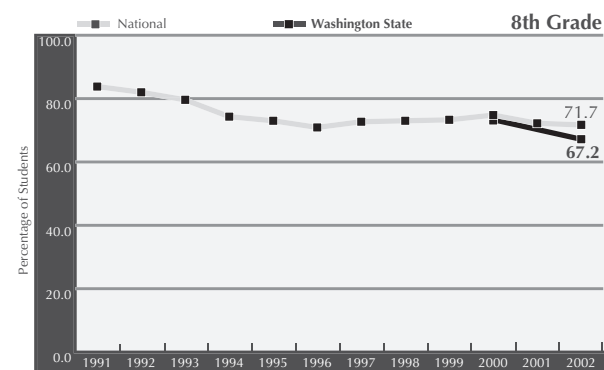
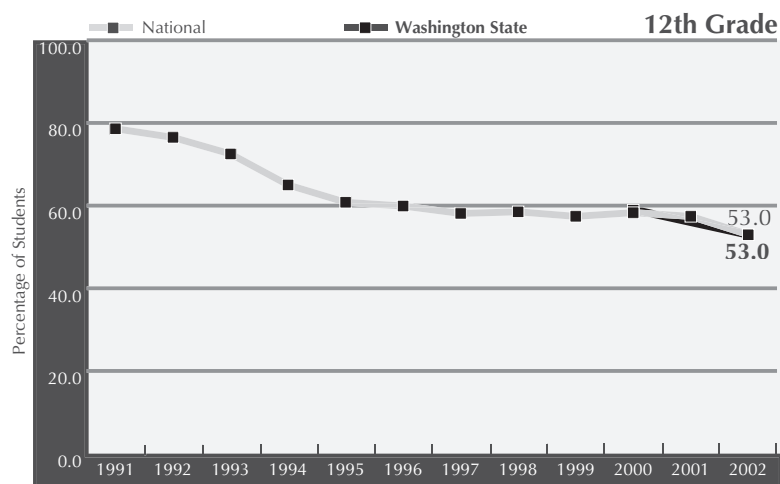
Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

Research indicates that attitudes about specific drugs and alcohol are among the most important determinants of actual use.¹ Perception of great risk from near-daily use of alcohol among Washington State students actually declined at all grades levels from the *Washington State Survey of Adolescent Risk Behaviors–2000*. This may be due to the fact that, despite repeated prevention messages delivered in the school environment, students are barraged with advertising messages actively promoting alcohol use.

¹ Bachman, J., Johnston, L., and O'Malley, P., "Explaining Recent Increase in Students' Marijuana Use: Impacts of Perceived Risks and Disapproval," *American Journal of Public Health* 88 (6), 1988.

Nationally, the Percentage of 8th, 10th, and 12th Graders Who Perceive Great Risk from Regular Marijuana Use is in Serious Decline.*

Perception of risk from regular marijuana use has been declining, in some instances, steeply, among 8th, 10th, and 12th grade students. Nationally, among 12th grade students, the percentage of 12th grade students who perceive great risk from regular marijuana use is at its lowest point since 1980.

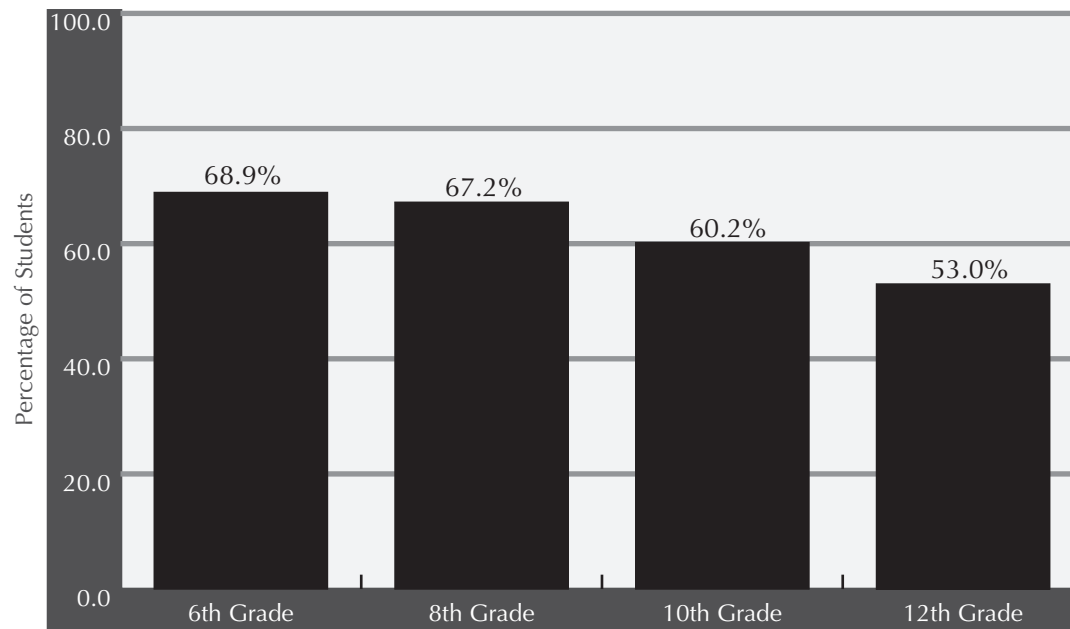


Source: National data from the National Institute on Drug Abuse, *Monitoring the Future*. State data from the Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors*.

*The Washington State Survey of Adolescent Health Behaviors (WSSAHB) is now administered in October. Prior to 2000, it was administered at different and varying times throughout the school year, rendering comparisons with more recent data suspect. The national Monitoring the Future Survey (MTF) is administered in the spring. The result is that Washington State students are younger than those surveyed by MTF, with correspondingly less time in school. Direct comparisons of data points between WSSAHB and MTF thus should not be made, except for the purpose of viewing trends.



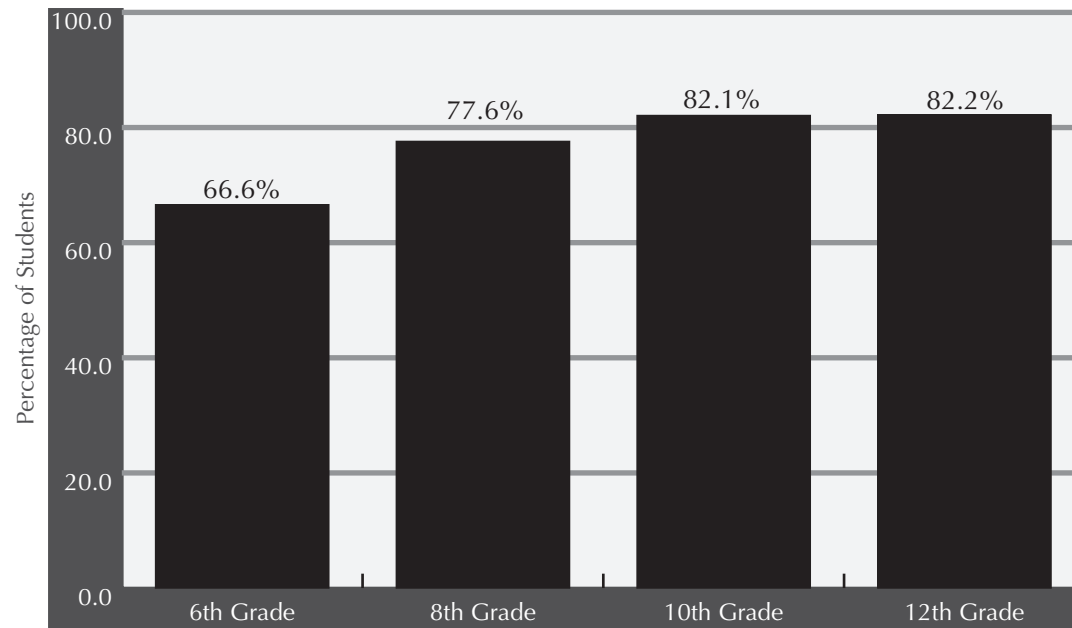
The Percentage of Washington State Students Who Perceive Great Risk from Marijuana Use Declines as They Get Older.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors* – 2002.

The percentage of students, both in Washington State and nationally, who perceive great risk from regular marijuana use declines as they get older. This is contrary to the way students perceive the risk of regular cigarette use, which increases as students get older. In 2002, at all grade levels, a lower percentage of Washington State students perceived great risk from regular marijuana use than in 2002.

In 2002, Most Washington State Students Perceive Great Risk from Smoking One or More Packs of Cigarettes Per Day.



Source: Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors – 2002*.

While most Washington State students perceive great risk from smoking one or more packs of cigarettes every day, the percentage of students who perceive such risk has dropped in every grade since the *Washington State Survey of Adolescent Health Behaviors – 2000*. In the case of 6th graders, the drop was substantial, from 77.2% to 66.6%.



Peer Substance Abuse Has Significant Negative Impacts on School Performance.

In a study undertaken by Washington Kids Count at the University of Washington's Human Services Policy Center, data from the results of the 1999 Washington Assessment on Student Learning tests were linked with the results of the 1998 Washington Survey of Adolescent Health Behaviors administered in Washington schools. Peer substance use was calculated as the average level of alcohol or drug use by students of the same age, gender, and race-ethnic group in the school.

Among middle schoolers:

- *Students whose peers had little or no involvement with drinking and drugs scored substantially higher than students whose peers had a low level of drinking or drug use.*
- *The entire average difference in whether or not students met the state reading and math standards was accounted for by the degree to which their peers used alcohol or other drugs.*
- *The most important factors reliably indicating the level of substance abuse in a school are whether students start antisocial behavior at an early age, whether the prevailing attitudes of the students condone or condemn antisocial behavior, and whether students have opportunities for productive involvement in school and community activities.¹*

¹Brandon, R., *Impact of Peer Substance Use on Middle School Performance in Washington: Summary*. Seattle, WA: University of Washington, Human Services Policy Center, Washington Kids Count, 2001.

The Problem: Substance Abuse Prevalence & Trends

PREVALENCE



Adolescent
Substance
Use and Beliefs

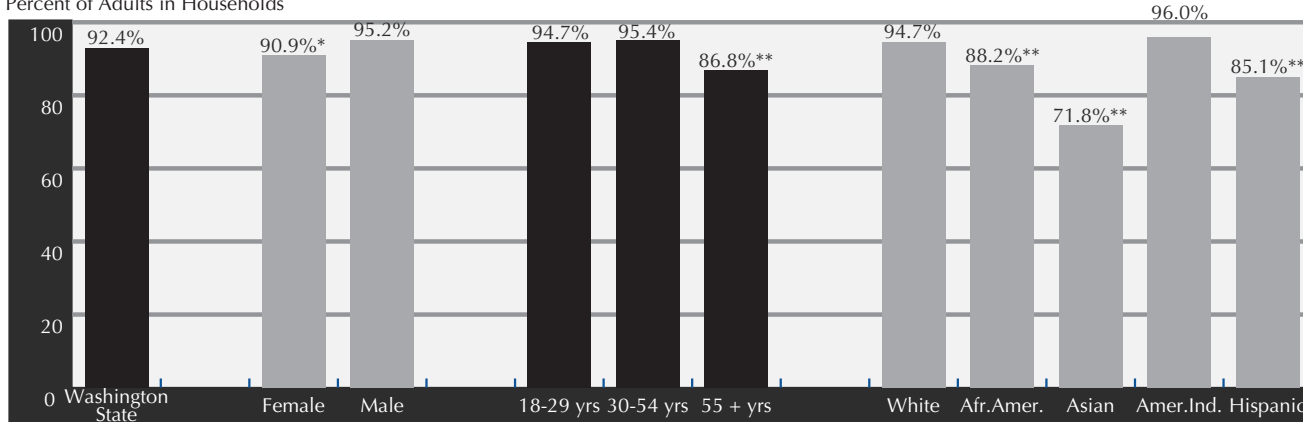
Adult
Substance
Use



Being Age 55 or Older, Female, or of Minority Racial/Ethnic Status Are Associated with LOWER Lifetime and Past 30-Day Alcohol Use Rates.

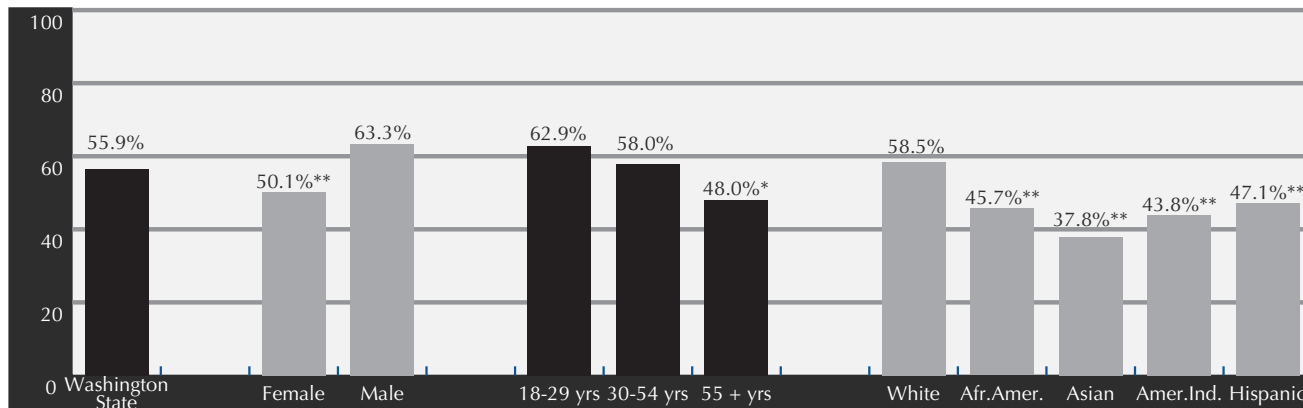
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30 Day Use of Alcohol

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

Note: Past 30 day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

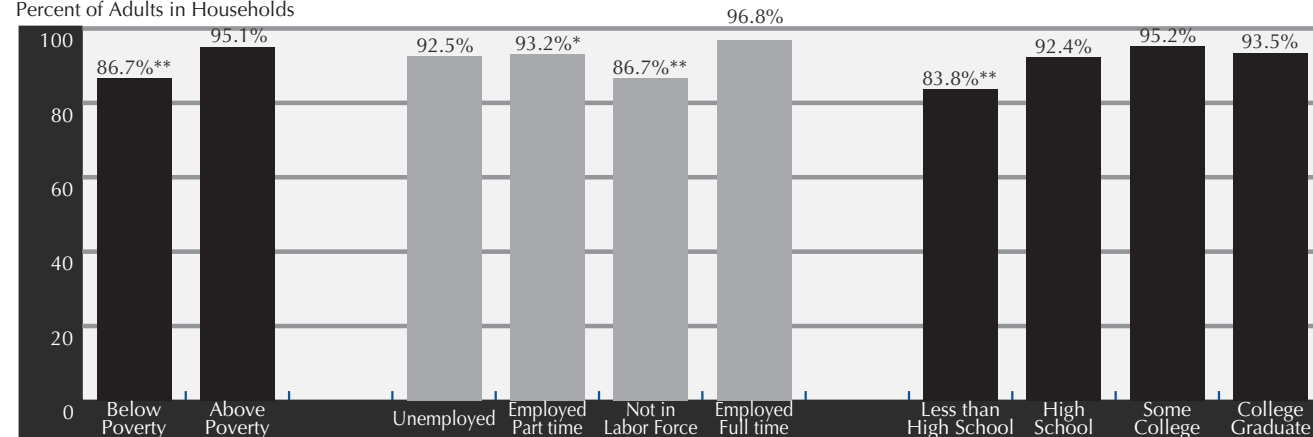
Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.

Being Poor, Not in the Labor Force*, or Having No High School Diploma Are Associated with LOWER Lifetime and 30-Day Alcohol Use Rates.



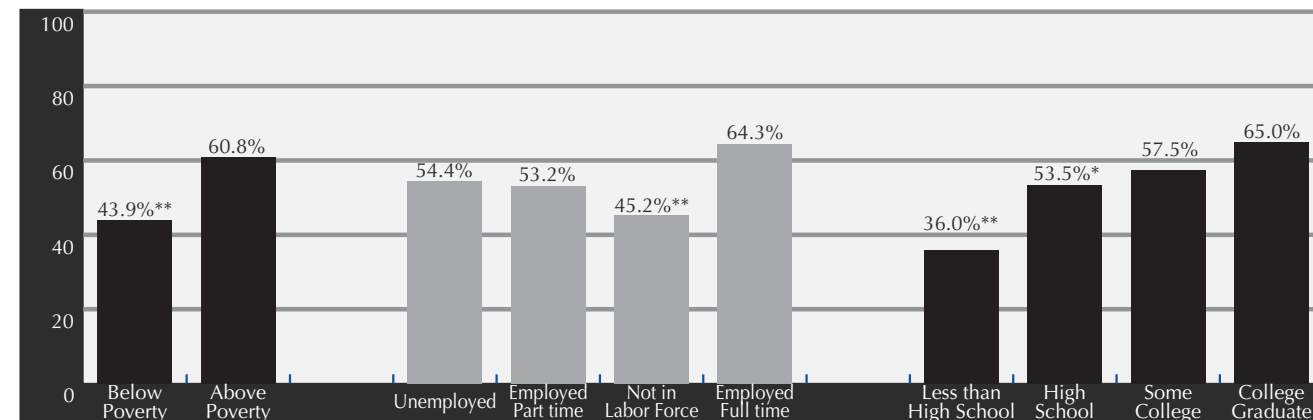
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30 Day Use of Alcohol

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

Note: Past 30 day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.

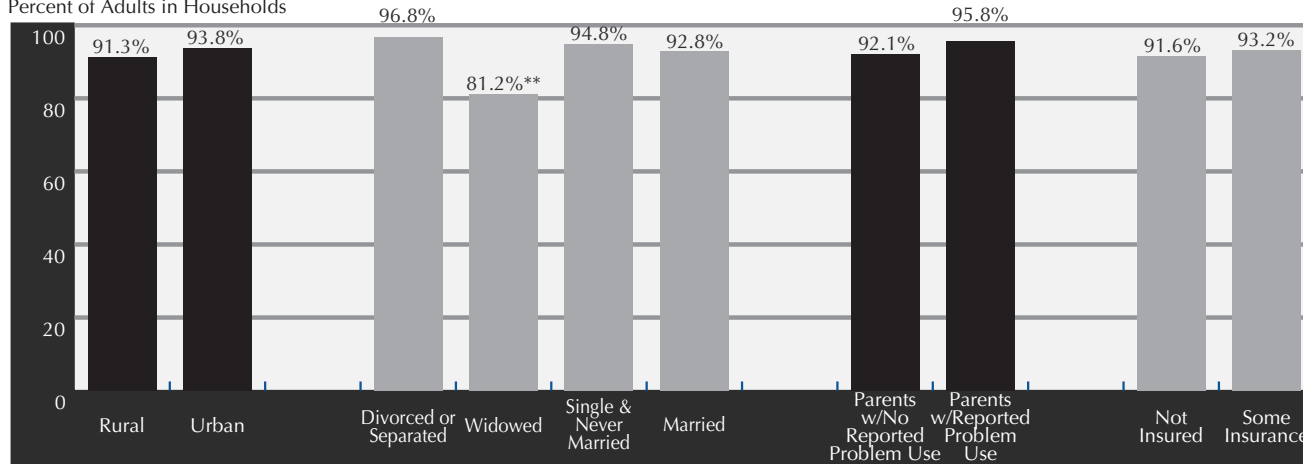
*Not in Labor Force means Not Employed AND either Retired, OR a Full-Time Homemaker, OR a Full-Time Student.



Being Widowed is Associated with LOWER Lifetime and 30-Day Alcohol Use Rates.

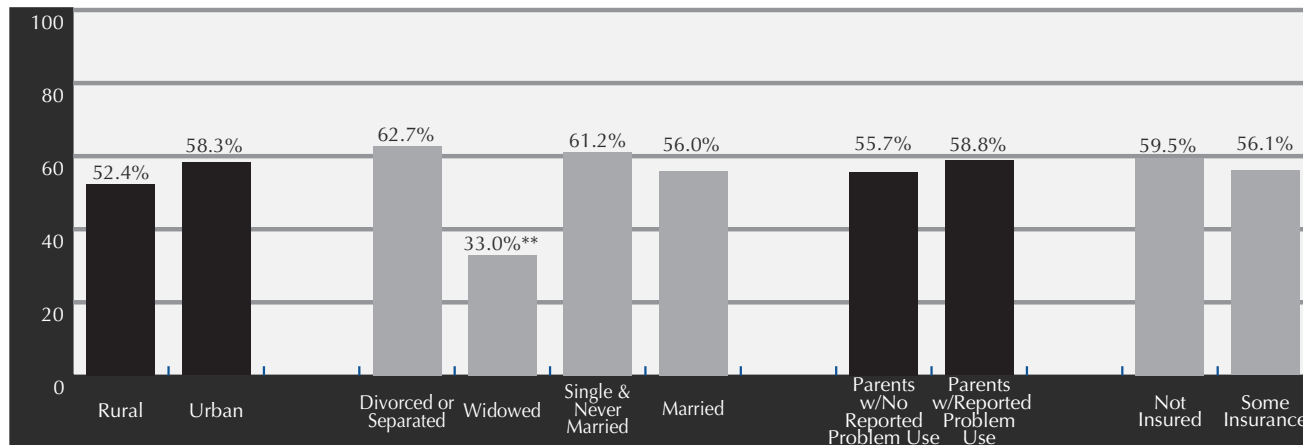
Lifetime Use of Alcohol

Percent of Adults in Households



Past 30 Day Use of Alcohol

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

Note: Past 30 day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

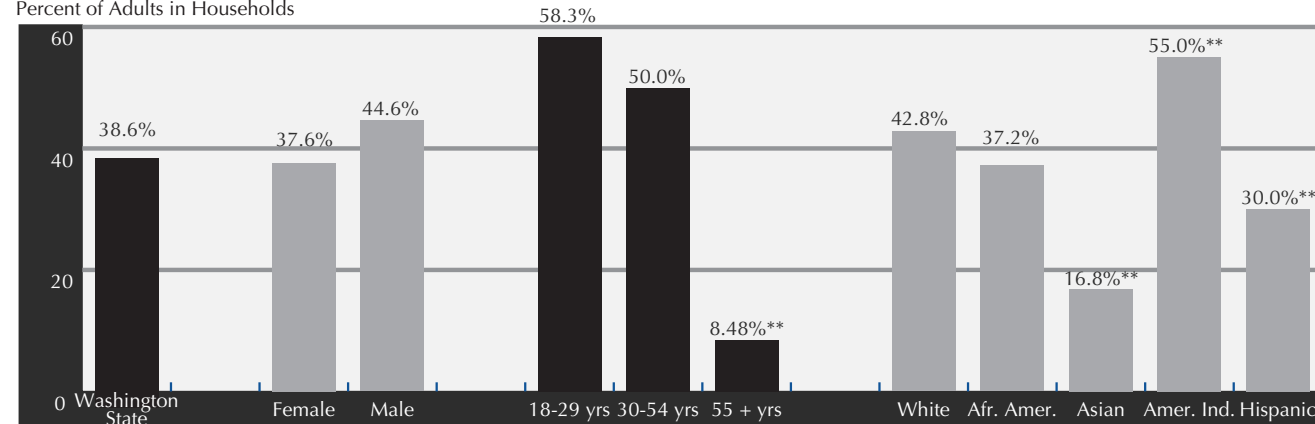
Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.

Being Age 55 or Older, Asian, Hispanic or Female are Associated with LOWER Lifetime and Past 30-Day Marijuana Use Rates.



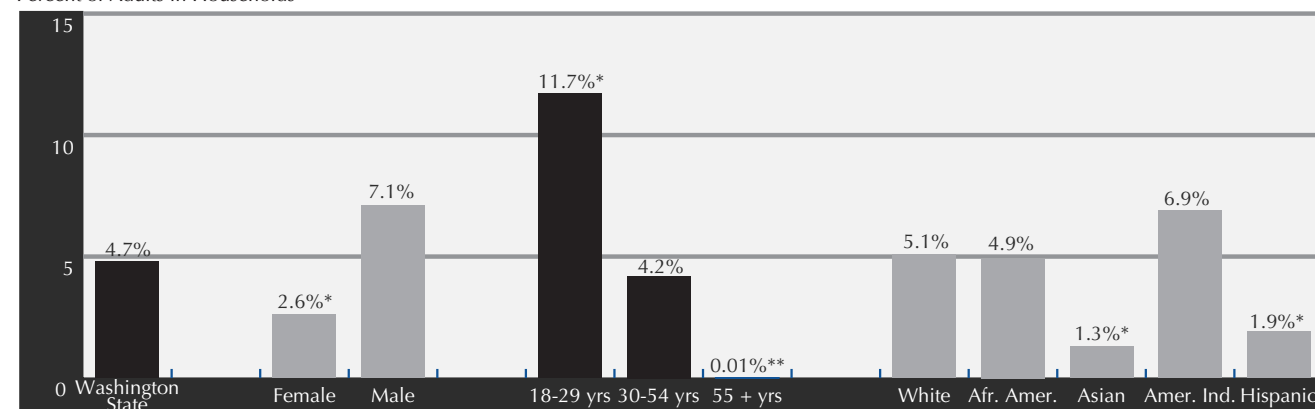
Lifetime Use of Marijuana

Percent of Adults in Households



Past 30 Day Use of Marijuana

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

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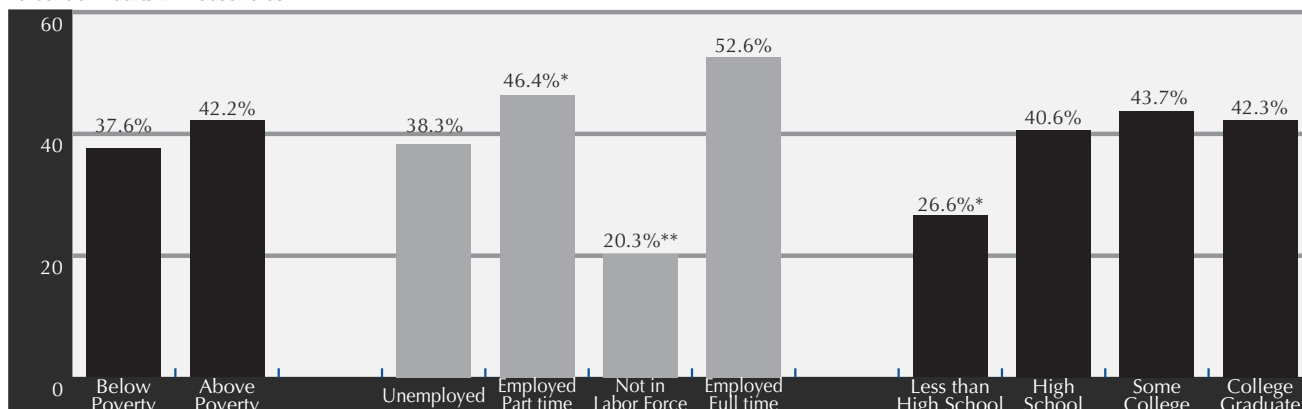
Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.



Not Being in the Labor Force* is Associated with LOWER Lifetime and Past 30-Day Marijuana Use Rates.

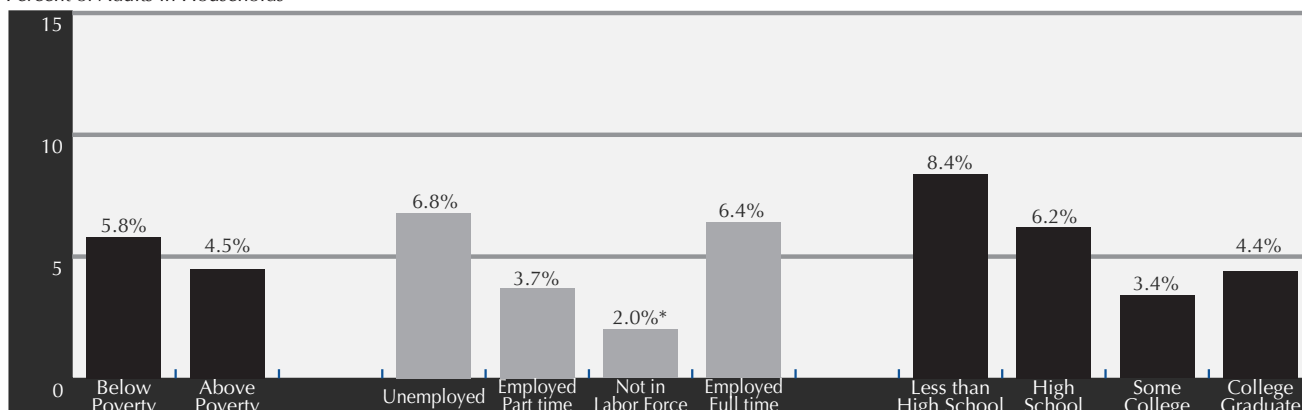
Lifetime Use of Marijuana

Percent of Adults in Households



Past 30 Day Use of Marijuana

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

Note: Past 30 day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.

Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.

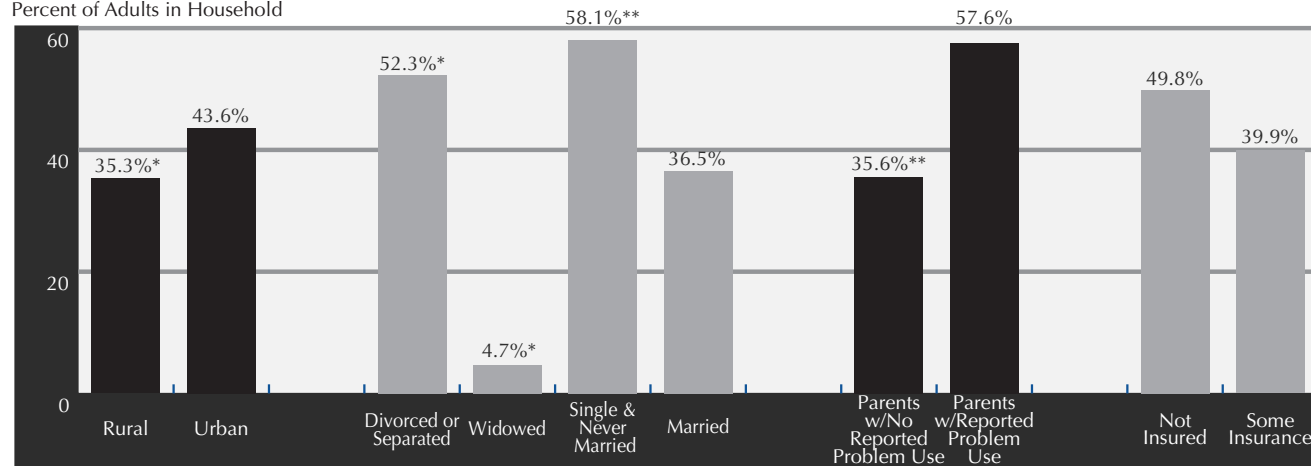
*Not in Labor Force means Not Employed AND either Retired, OR a Full-Time Homemaker, OR a Full-Time Student.

Being Single and Never Married, Divorced or Separated, or Having Parents with Reported Drug or Alcohol Problems are Associated with HIGHER Lifetime and Past 30-Day Marijuana Use Rates.



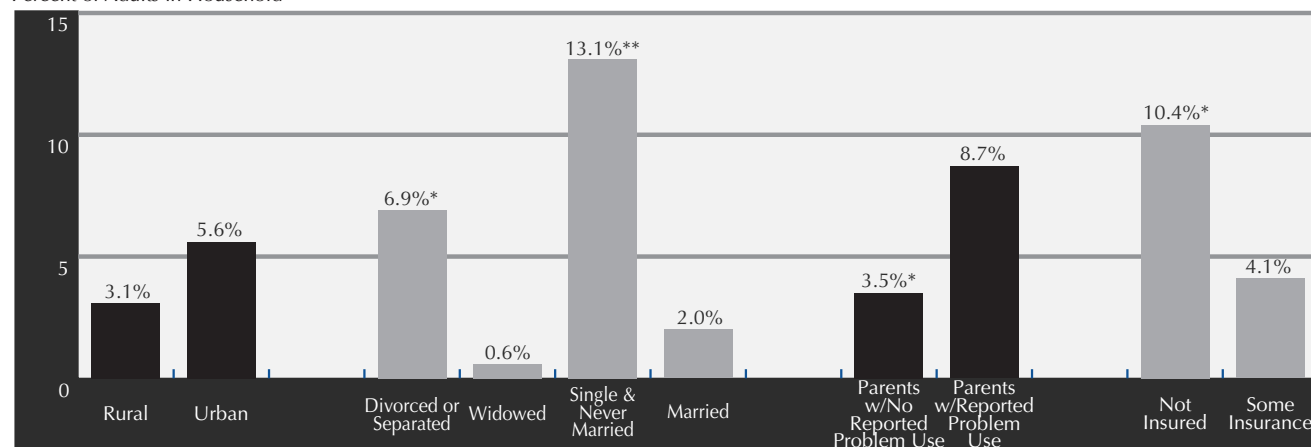
Lifetime Use of Marijuana

Percent of Adults in Household



Past 30 Day Use of Marijuana

Percent of Adults in Household



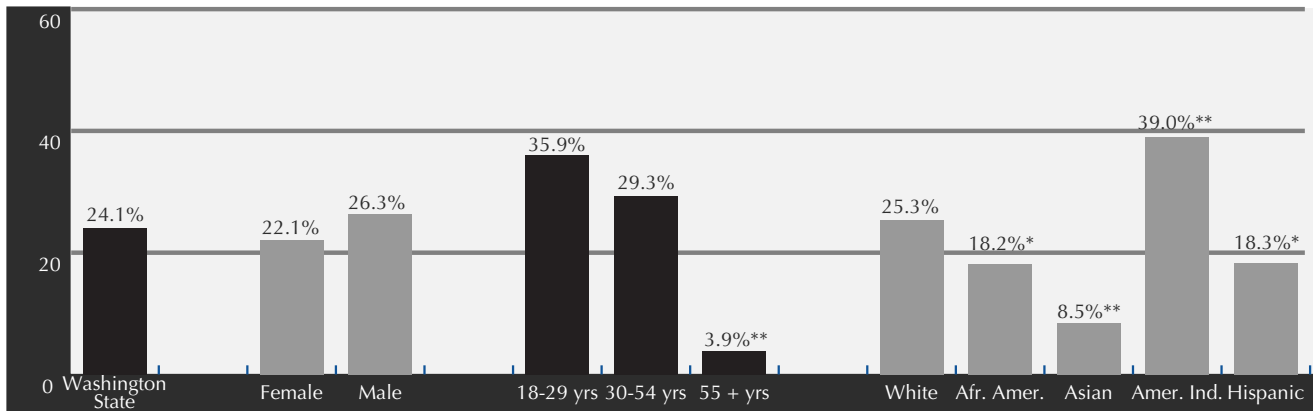
Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.
 Note: Past 30 day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.
 Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.

Persons Who Were Age 55 or Older, or Asian Reported LOWER Rates of Both Lifetime and Past Year Hard Drug Use. HIGHER Lifetime Hard Drug Use was Reported by American Indians. HIGHER Past Year Hard Drug Use was Reported by Young Adults Under 30.

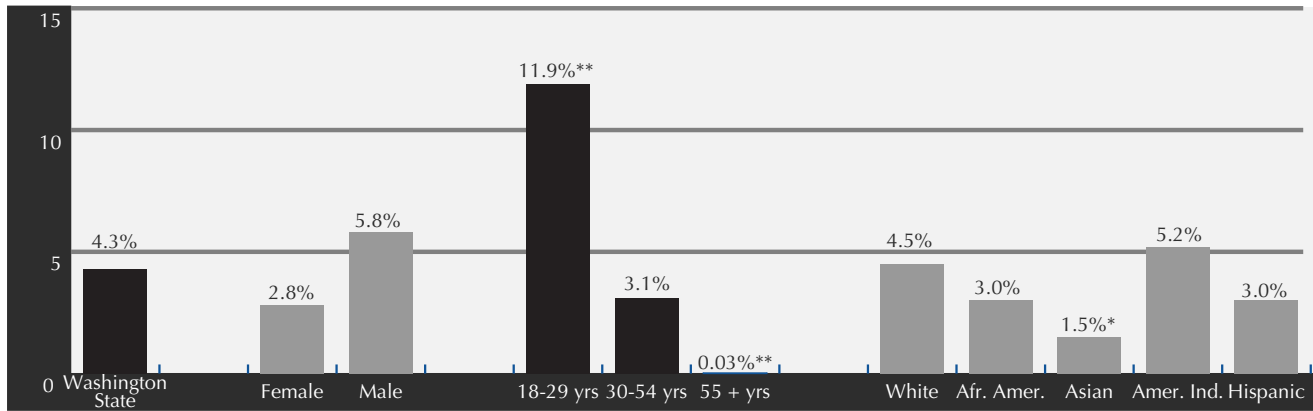
Lifetime Use of Hard Drugs

Percent of Adults in Households



Past 12 Month Use of Hard Drugs

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

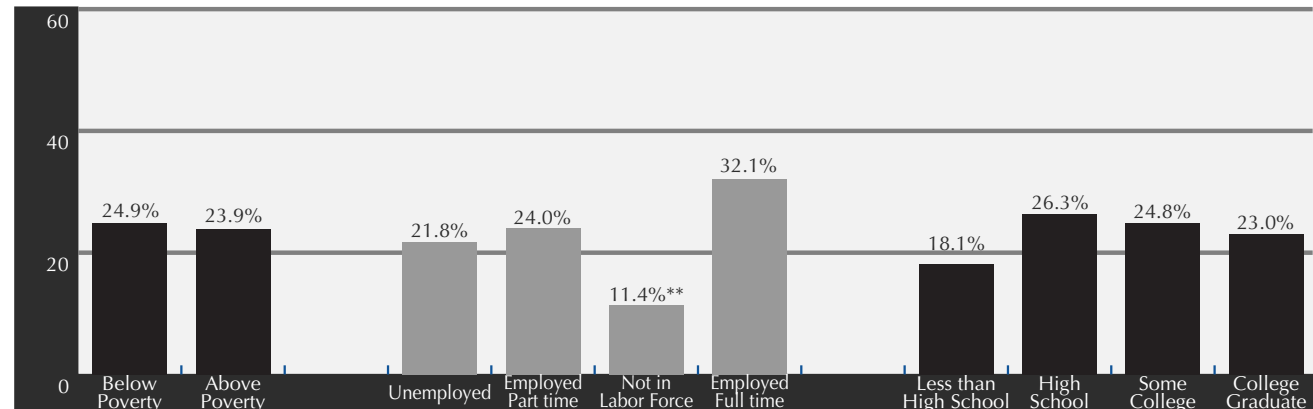
Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.
Note: Past 30 day Use of Alcohol means having had at least one drink of alcohol during the past 30 days.
Note: Starred groups are "statistically" significantly different from their reference group. p<.10*, p<.05**.
*Not in Labor Force means Not Employed AND either Retired, OR a Full-Time Homemaker, OR a Full-Time Student.

People Who Were Not in the Labor Force* Reported Lower Rates of Lifetime and Past Year Use of Hard Drugs.



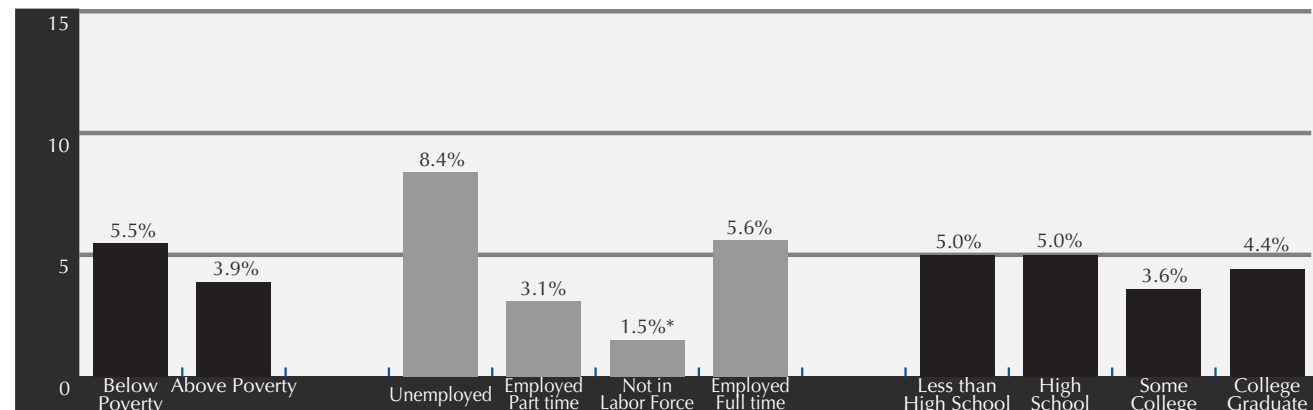
Lifetime Use of Hard Drugs

Percent of Adults in Households



Past 12 Month Use of Hard Drugs

Percent of Adults in Households



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

Note: Lifetime Use of Alcohol means having had at least one drink of alcohol at least once in their life.

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Note: Starred groups are "statistically" significantly different from their reference group. $p < .10^*$, $p < .05^{**}$.

*Not in Labor Force means Not Employed AND either Retired, OR a Full-Time Homemaker, OR a Fulltime Student.

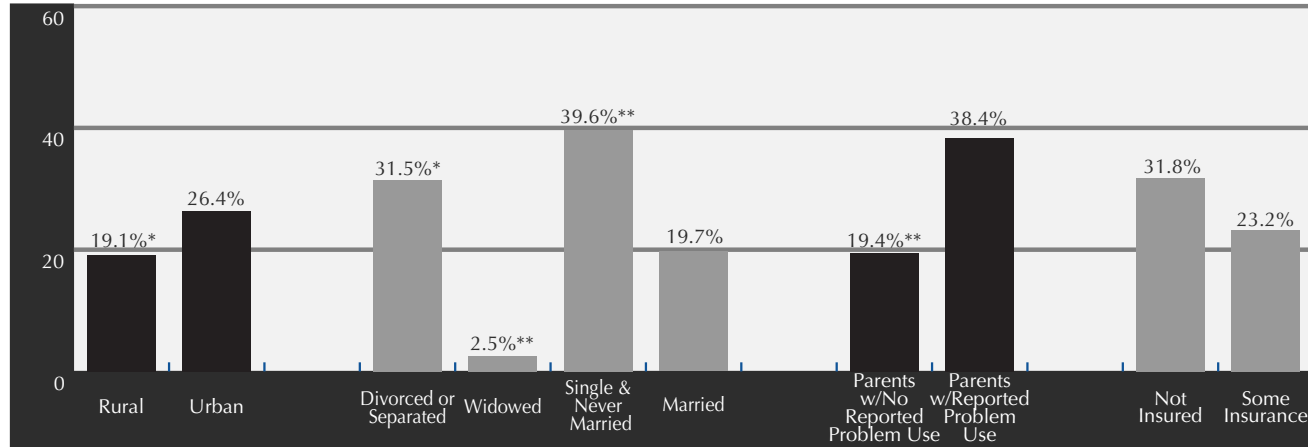
**"Hard drugs" are any of the following substances used for non-medical purposes: sedatives, heroin, stimulants, hallucinogens, and other opiates.

People Who Were Divorced or Separated, Single and Never Married, Lived in Urban Counties, or Had Parents with Problem Drug or Alcohol Use Reported HIGHER Lifetime Use of Hard Drugs. All but the Last Condition were Also associated with HIGHER Past Year Hard Drug Use Rates.



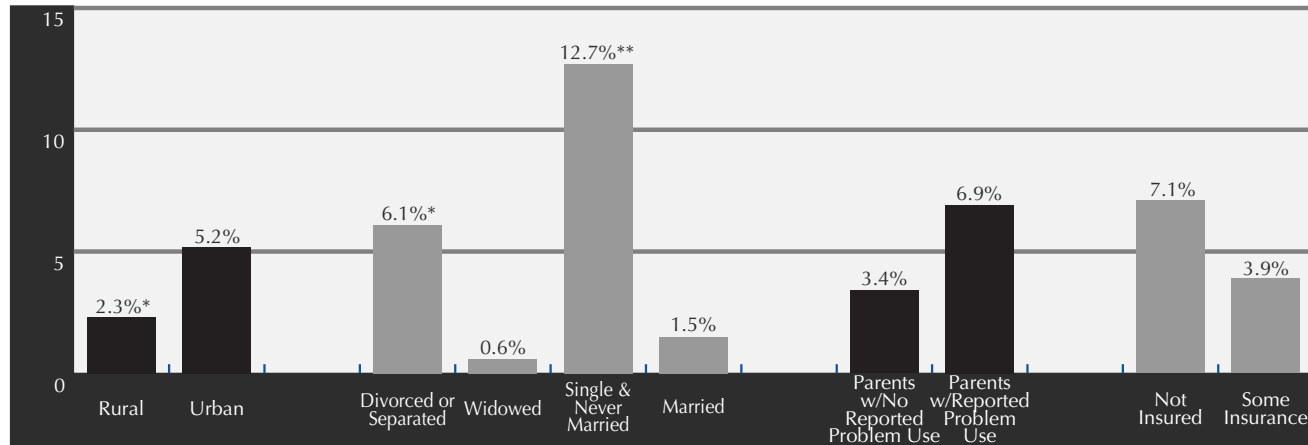
Lifetime Use of Hard Drugs

Percent of Adults in Household



Past 12 Month Use of Hard Drugs

Percent of Adults in Household



Source: Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse and Office of Research and Data Analysis, Washington State Needs Assessment Household Survey (WANAHS) and Profile of Substance Use and Need for Treatment Services in Washington State (1999).

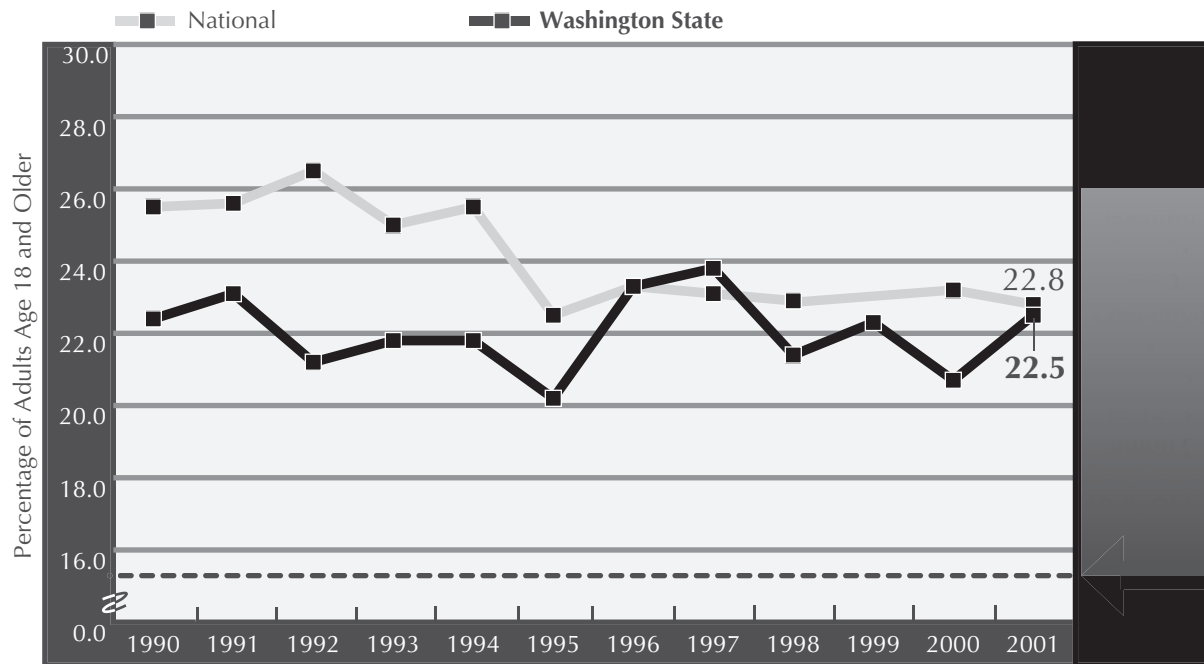
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**"Hard drugs" are any of the following substances used for non-medical purposes: sedatives, heroin, stimulants, hallucinogens, and other opiates.

Smoking Prevalence Among Adults in Washington State Parallels That of the Nation.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Tobacco use remains the leading cause of preventable death and disease in the United States, and is responsible for more than 430,000 deaths each year.¹ Since the release of the first Surgeon General's report on smoking and health, about ten million Americans have died from smoking-related diseases, including heart disease, lung cancer, emphysema, and other respiratory diseases.² *Healthy People 2010* sets a target objective to reduce tobacco smoking by adults ages 18 and older to 12%.

Smoking rates among adults in Washington States and nationwide remain virtually unchanged from a decade ago.

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 27-3. Washington, DC: 2000.

² U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.



Smoking Prevalence Among Men in Washington State is Virtually Unchanged from a Decade Ago.



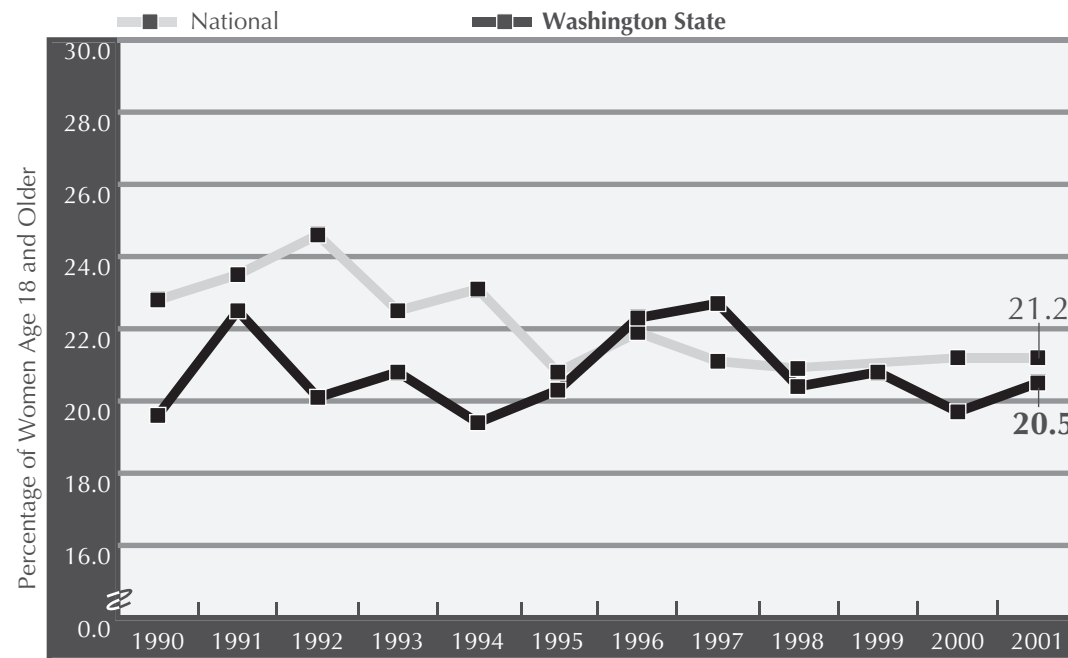
Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Smoking is closely associated with heart disease, cancer, emphysema, and other respiratory diseases.¹

This graph indicates that smoking prevalence among Washington men is similar to that among men nationally, and is little changed since 1990. Greater gains in reducing smoking prevalence were made in Washington State in previous decades.

¹ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

Smoking Prevalence Among Women in Washington State is Little Changed from a Decade Ago.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Besides being linked with heart disease, lung cancer, emphysema, and other respiratory diseases¹, evidence is accumulating that maternal tobacco use is associated with mental retardation and birth defects such as oral clefts², and with Sudden Infant Death Syndrome.³

This graph indicates that smoking prevalence among Washington women parallels that among women nationally, and is little changed in the past decade.

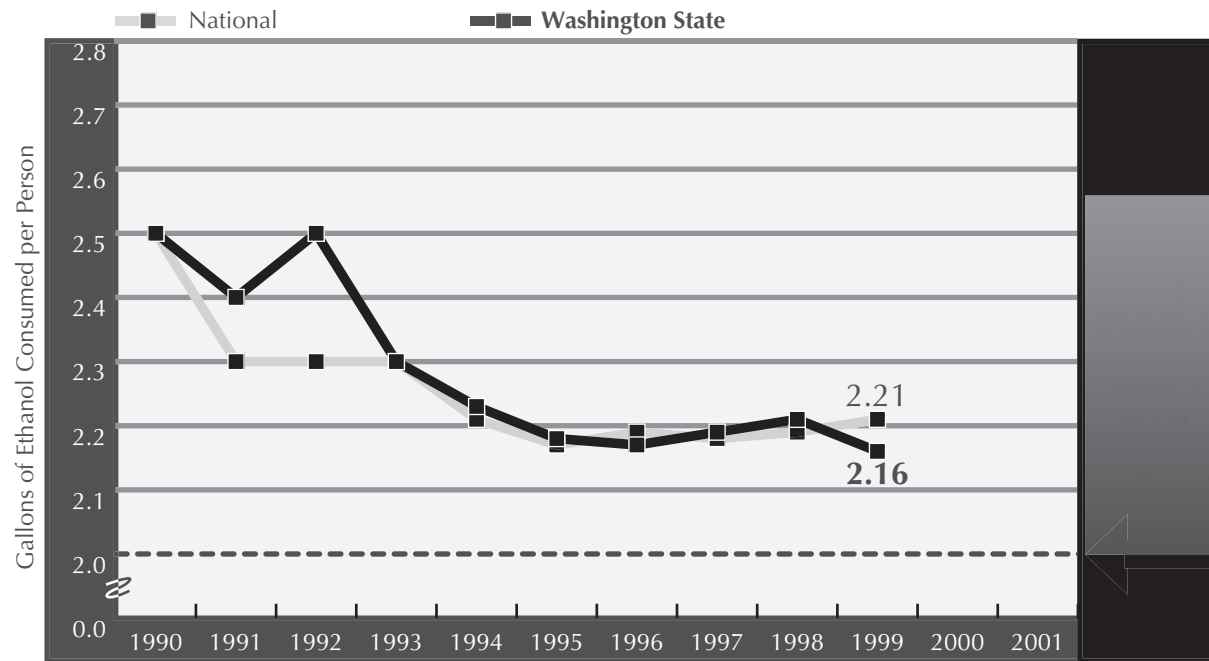
¹ U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: 2000.

² U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 27-3. Washington, DC: 2000.

³ Klonoff-Cohen, H. et al. "Effect of Passive Smoking and Tobacco Exposure Through Breast Milk on Sudden Infant Death Syndrome," *Journal of the American Medical Association*, March 8, 1995.



Per Capita Alcohol Consumption in Washington State is Similar to That of the Rest of the Nation.

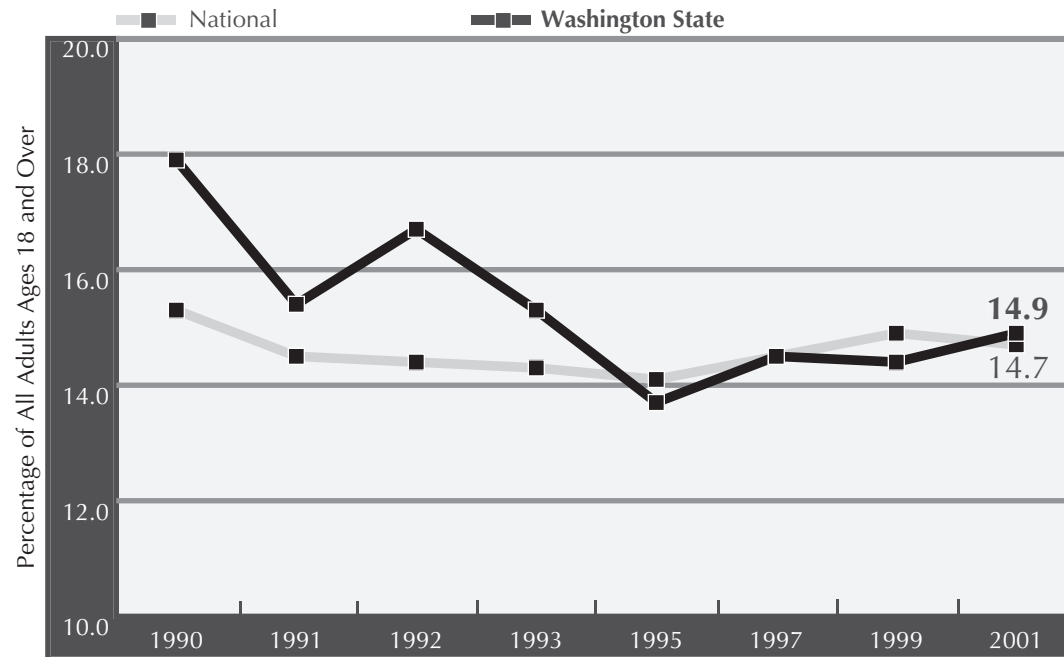


Source: National Institute on Alcohol Abuse and Alcoholism, *Per Capita Ethanol Consumption for States, Census Regions, and the United States, 1970-1999*.

State and national per capita consumption of alcohol (for all persons over age 14) has remained constant over the past six years, after falling for more than a decade. Per capita consumption is approaching the *Healthy People 2010* target objective. However, in 2002, almost one in five Washington 8th graders report having used alcohol in the past 30 days.¹

¹ Office of Superintendent of Public Instruction, *Washington State Survey of Adolescent Health Behaviors—2002*. Olympia, WA: 2003.

Binge Drinking Rates Among Washington State Adults are Similar to That of the Nation.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

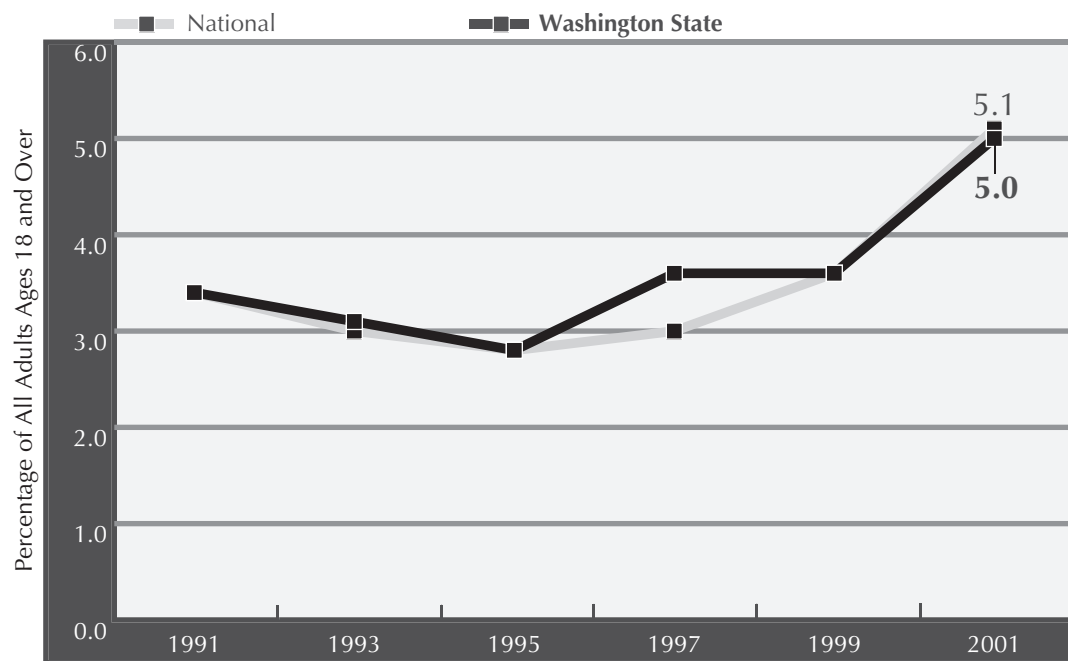
Binge drinking (defined as having five or more alcoholic drinks at one occasion, one or more times in the past month) is a particularly dangerous form of alcohol consumption, and is associated with traffic fatalities, accidents, drownings, emergency department admissions, and alcoholism. Males are twice as likely to binge drink as females. Binge drinking rates among high school seniors and college students are more than twice that of the adult population.¹

Binge drinking rates in Washington State and the nation are little changed from a decade ago.

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-29. Washington, DC: 2000.



Chronic Drinking Rates Among Washington State Adults Appear to Be on the Rise.



Source: Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Chronic drinking (defined as having had an average of two or more drinks per day per month) is associated with alcohol-related problems, as it may impair mental performance and physical coordination. It may also lead to alcohol dependency.¹

Chronic drinking among Washington State adults appears to be on the rise, and is at its highest point in more than a decade.

¹ U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition), 26-33. Washington, DC: 2000.

